Department of Families, Seniors,
Disability Services and Child Safety

FAMILIES

Investment Specification

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1. Introduction

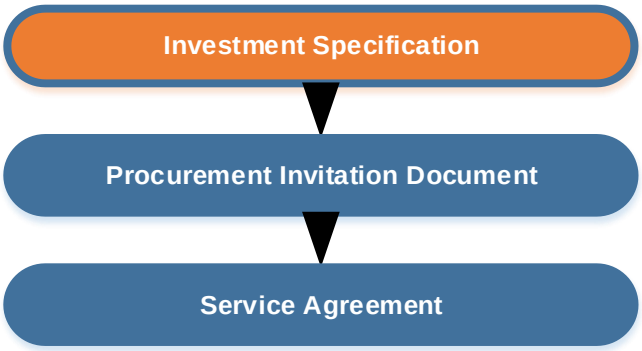
In line with the strategic intent of the Department of Families, Seniors, Disability Services and Child Safety (the department), Families has been designated as a funding area to provide support to vulnerable and at-risk families to prevent their children from entering or re-entering the statutory child protection system.

1.1 Purpose of the investment specification

The purpose of this investment specification is to describe the intent of funding, the Service Users and identified issues, the service types, and associated service delivery requirements for services under the Families funding area.

This investment specification is a guide for service delivery for the Families funding area, where all service types contribute to outcomes. The investment specifications allow for flexibility, responsiveness, and innovation in service delivery, enabling the right services to be delivered to the right people at the right time.

Figure 1 – Funding document hierarchy



The department's funding documents underpin the business relationship between the department and the funding recipient. The investment specification should therefore be read in conjunction with the procurement invitation document (new funding), and service agreement for organisations that are currently funded to deliver a service.

2. Funding intent

Investment is provided to deliver services to families to improve the safety and wellbeing of children in their home and reduce the need for children to enter or re-enter the statutory system.

These services have a child protection purpose and focus primarily on the care and protection of vulnerable children and young people. Services work with families experiencing vulnerability to strengthen their capability, parenting skills, and resilience to prevent problems from developing or escalating to crisis point in order to avoid entry into the statutory system or when exiting from the statutory system. A coordinated and integrated family support system offers families with multiple and complex needs adequate support to de-escalate issues and provide a safer environment for children and young people.

In line with the department's investment approach to improve the line of sight from investment through to outcomes, investment under Families contributes to the following outcomes:

- Families improve their capacity to meet their children's care, protection, and developmental needs.
- Families are supported to safely care for and nurture their children and young people.
- Aboriginal and Torres Strait Islander children grow up safe and cared for in family, community, and culture.
- The disproportionate representation of Aboriginal and Torres Strait Islander families in the child protection system is reduced.
- Children and young people are reunified with family and community.
- Fewer children and young people are in the tertiary system and in care.
- Families are supported to participate in child protection decisions that affect them.

2.1 Context

The Queensland Government has committed to building a child and family support system with a greater focus on supporting families to provide a safe and secure home for their children. The department funds non-government organisations across Queensland to provide support to families experiencing vulnerability and at-risk with a focus on supporting positive family functioning and assisting families to effectively nurture, care for and protect their children.

2.1.1 Responses for Aboriginal and Torres Strait Islander families

Our Way: a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 represents a partnership between the Queensland Government and Family Matters Queensland to fundamentally change the way child and family services respond to Aboriginal and Torres Strait Islander children and their families who may be experiencing vulnerability. Our Way is built on a joint commitment to eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system by 2037 and close the gap in life outcomes for Aboriginal and Torres Strait Islander children and families. Our Way is supported by seven, three-year action plans which articulate the path to ensuring achievement of the Family Matters building blocks:

- All families enjoy access to quality, culturally safe universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive.
- Aboriginal and Torres Strait Islander peoples and organisations participate in and have control over decisions that affect their children.
- Law, policy and practice in child and family welfare are culturally safe and responsive.
- Governments and community services are accountable to Aboriginal and Torres Strait Islander peoples.
- Decisions relating to the design, investment, and delivery of services to Aboriginal and Torres Strait Islander children and families are fundamental to the achievement of these outcomes.

In 2018, the *Child Protection Act 1999* was amended to provide for the delegation of the Chief Executive's powers and functions in relation to an Aboriginal or Torres Strait Islander child who is either in need of protection or at risk of becoming in need of protection, to an Aboriginal or Torres Strait Islander CEO of an Aboriginal or Torres Strait Islander entity (a 'prescribed delegate') (Chapter 4 Part 2A), also referred to as 'Delegated Authority'.

Delegated authority is an additional tool to improve outcomes for Aboriginal and Torres Strait Islander children and families in, or at risk of entering the child protection system. Delegated authority is being co-designed and implemented in a staged approach. This is because child protection decision making is complex, and the department has a large amount of infrastructure, systems, and

policies to support child protection staff to make decisions. This capacity will take some time to develop within the Aboriginal and Torres Strait Islander entities accepting delegations.

2.1.2 Enhanced Intake and Assessment Approach

During 2024/25, the department will introduce the Enhanced Intake and Assessment Approach (EIAA), a contemporary approach to ensure families involved in the child protection system receive the right response at the right time. The approach aims to provide proportionate and flexible child protection responses to promote earlier access to support, timely assessments and meet the needs of children and their families. The EIAA will mean adjustments to service delivery in Assessment and Service Connect and Family Wellbeing Services but may also affect other services under the Families Investment Specifications.

When a report is made to Child Safety, a notification is recorded if it is reasonably suspected that a child is in need of protection or an unborn child will be in need of protection following their birth, that is, a child has been significantly harmed, is being significantly harmed or is at risk of significant harm AND does not have a parent able and willing to protect them. If the information does not reach this threshold, a child concern report is recorded. Under the EIAA, for either notifications or child concern reports, different responses are available to enable timely and effective responses to the complex and changing needs of families.

When a child concern report is recorded, Child Safety can either close and take no further action or provide one of the following responses: protective advice, referral to family support or referral for an Active Support Response. The **Active Support Response** is a new, earlier intervention response available for families. This response will be considered where there is a pattern of ongoing child concern reports over a 12-month period. An Active Support Response will enable Child Safety to contact parents to discuss the concerns and offer help and support including facilitating referrals directly to appropriate services.

Under the EIAA, if a notification is recorded, three responses are available:

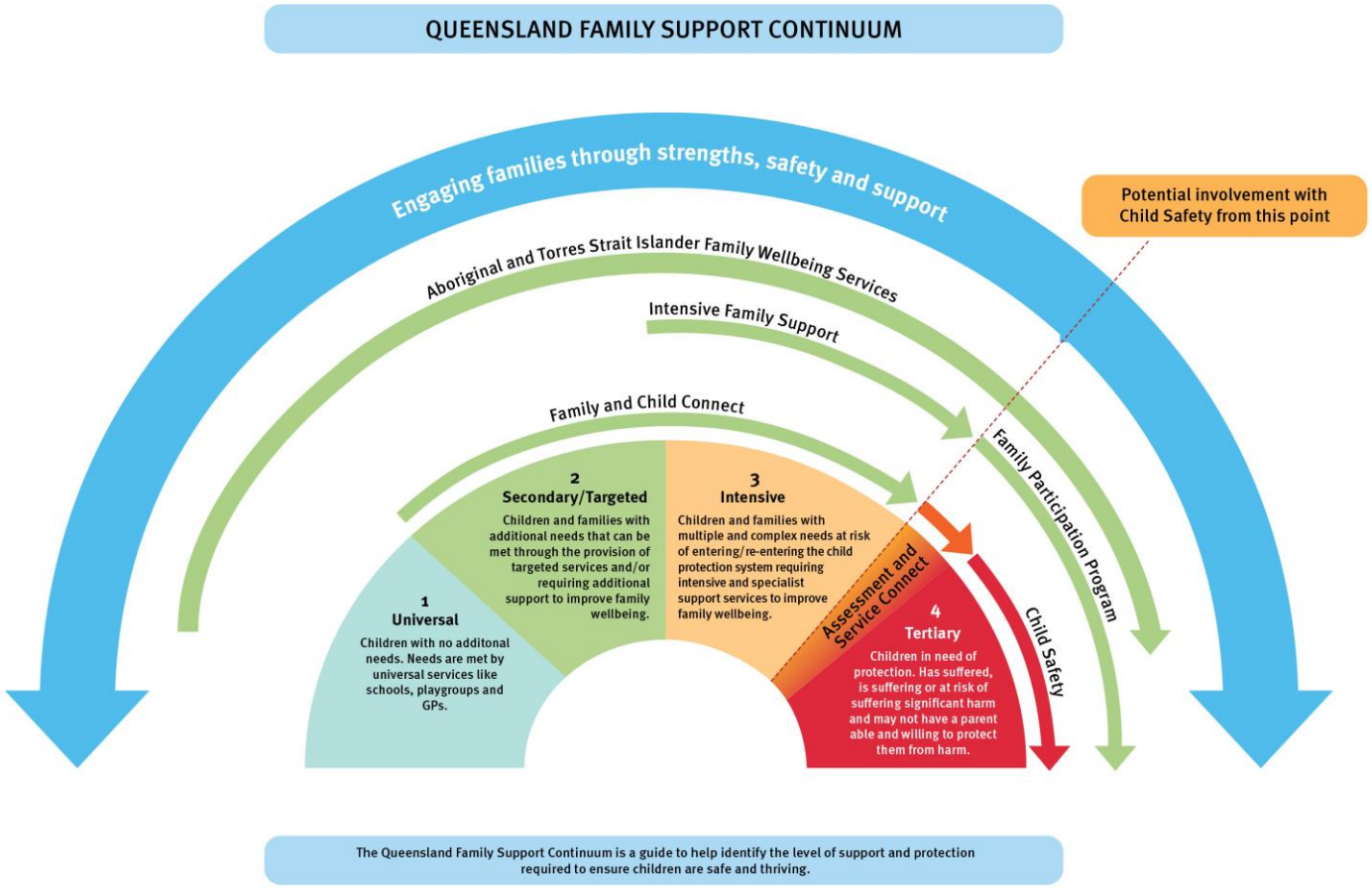
- **Priority Response:** This response is undertaken by a Child Safety Officer and is an assessment of a child's need for protection.
- **Standard Response:** a Standard Response is undertaken by a Child Safety Officer and is an assessment of the child's immediate safety and the family's support needs. A Standard Response is the appropriate response to a notification when the criteria for a Priority Response is not met. The Standard Response is a pre-planned home visiting response where Child Safety will visit the family, undertake a safety assessment of the child's immediate safety needs and if deemed safe, will assess a child and their family's needs and the supports and services required. The family will be offered the opportunity to link with supports and services to address the identified needs and resolve issues and decrease the likelihood of the child becoming in need of protection. Where appropriate, this response will be a co-response with an ASC Service or other appropriate service.
- **Safety and Support Response**: is a subset of the *Standard Response* and therefore the criteria for a Standard Response must first be met before a Safety and Support Response can be considered. A child may be considered for a Safety and Support Response if there are identified strengths within the family that could be built on with the help of an early intervention service, to provide for the child's safety or unborn child's safety after their birth and the child is visible within their extended family and community, such as at school. This response allows Child Safety to refer a family to an ASC who will engage with the pregnant person or family, independent of Child Safety, visit the family in their home (or other location

as appropriate), assess the child and family's needs and connect them with appropriate and targeted services.

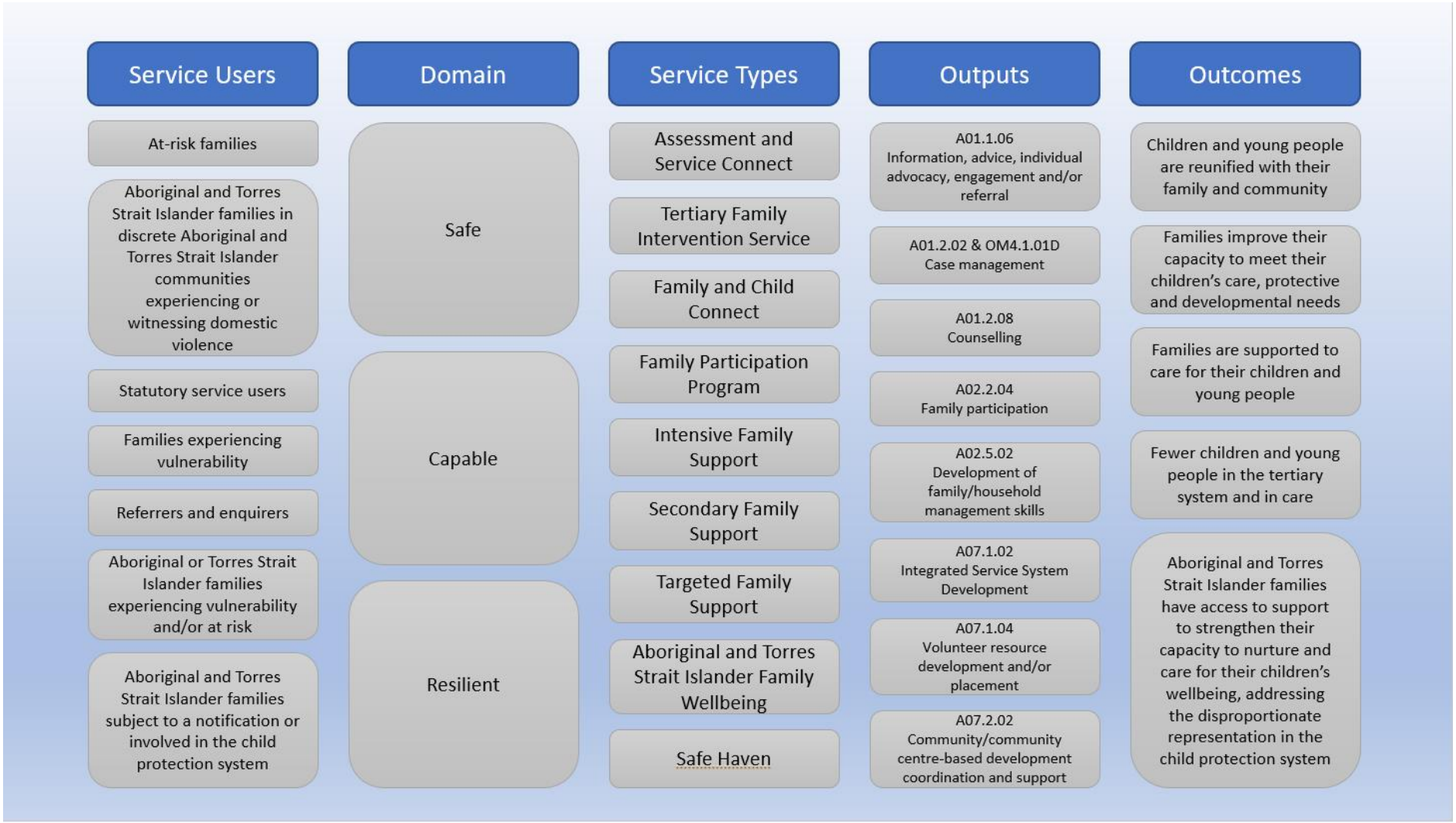
Implementation of the EIAA

Stage 1 early implementation of the EIAA has commenced and involves the operationalisation of standard response procedures for suitable notifications. Stage 1 implementation provides Child Safety the opportunity to proportionally respond to notifications. Stage 2 of implementation commences upon full operationalisation of the EIAA in line with Release 2 of Unify.

3. Family Support Continuum



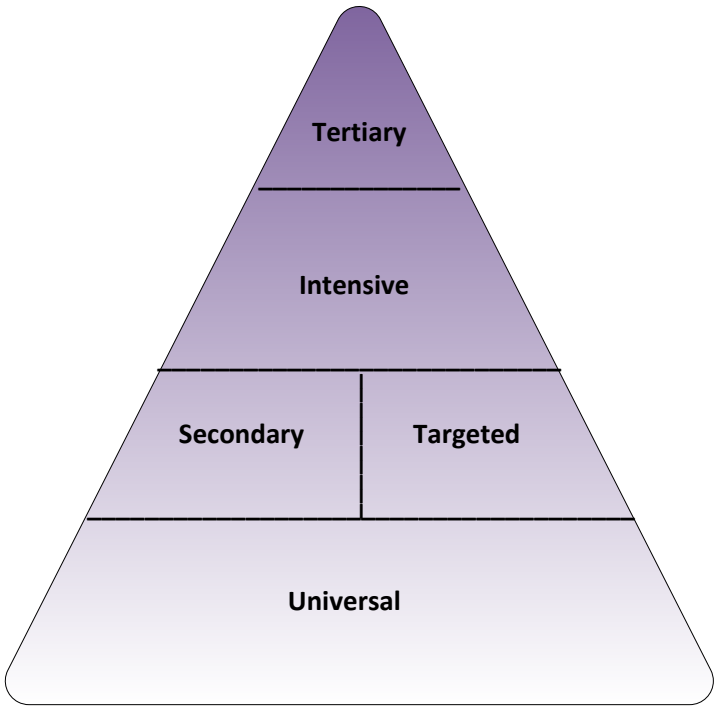
4. Investment logic



5. Service delivery overview

The structure of family support initiatives within the Child Safety stream can be viewed in light of The Australian Research Alliance for Children and Youth (ARACY) report, "*Inverting the Pyramid: Enhancing Systems for Protecting Children*" and the National Framework for Protecting Australia's Children. The Families funding area provides support services to families along the continuum of need (as depicted in the diagram below) for families to get the right service at the right time. Program types include Tertiary Family Intervention Services, Intensive Family Support, Secondary Family Support and Targeted Family Support. The Families funding area does not have responsibility for Universal Support services. All "Families" funded services are directed towards families with children and young people (unborn to under 18 years) experiencing vulnerability who have entered or are at risk of entering the child protection system.

Figure 2 – Service delivery pyramid



Family support services, such as **Tertiary Family Intervention Services** (TFIS) (formerly known as Tertiary Family Support) and **Assessment and Service Connect** (ASC) operate at the tertiary level and work with families whose children are subject to statutory intervention. These services aim to improve family functioning and increase individual capability and resilience so that it is safe for their children to live with, or be reunified with them, or if not, and they are living out of home, to maintain a relationship with their families. **Family Participation Program** (FPP) services also operate at the tertiary level, assisting families who have been the subject of a notification or who are already subject to intervention within the child protection system.

Most family support services are positioned within the secondary level, providing support of varying intensity to families whose children are not subject to statutory intervention but are at risk of entering the child protection system. The secondary family support system is three tiered, delivering intensive family support, secondary family support and targeted family support.

Family and Child Connect (FaCC) is an entry point to the secondary family support system, providing information, support and advice to families, community members and professionals seeking assistance for families who do not require a statutory intervention.

In recognition of the disproportionate representation of Aboriginal and Torres Strait Islander families in the child protection system, specific family support services are provided through **the Aboriginal and Torres Strait Islander Family Wellbeing Services** (FWS) for Aboriginal and Torres Strait Islander families. The FWS provide culturally appropriate responses by supporting families through universal or early intervention responses, or through intensive family support and reintegration when children are transitioning back to their family's care. These services are located state-wide and are all delivered by Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs). Support can be provided to families with children under 18 years of age, including pregnant women, who are at risk of involvement in the statutory child protection system. Families can self-refer or be referred to FWS by members of the public, community members, professionals, other government agencies, non-government organisations and by Child Safety.

Intensive Family Support (IFS) is a consent-based program that responds to families with children and young people (unborn to under 18 years) who are at high risk of involvement in the statutory child protection system. Families may self-refer or be referred to services directly from Child Safety, other government agencies and non-government organisations with the consent of the family, or from the Regional Intake Services and prescribed entities without the families' prior knowledge or consent. Case managers work collaboratively with families to identify and prioritise their presenting needs and provide intensive support interventions and engagement with specialist services.

Secondary Family Support (SFS) services are aimed at averting crisis and/or the need for a tertiary response or in some cases supporting families to re-establish themselves following an intensive or crisis intervention. Families present with fewer and less complex issues, and interventions required are usually shorter in duration and less intense than IFS services. These services work collaboratively with families to provide needs assessment, case management, practical in-home support, individual and family counselling, and specialist services as required. Assistance to the family is provided through case management within an integrated service system.

Targeted Family Support (TFS) services are secondary services that either target a specific group (young people, pregnant women or cultural group etc.) within the community to deliver case management or are available to a broad target group but offering a single service, such as counselling, community development, family and household management development or volunteer recruitment and development.

Safe Haven services work with families in three discrete Aboriginal and Torres Strait Islander communities to improve their safety.

All family support services must demonstrate strong cultural capability for working with Aboriginal and Torres Strait Islander families.

The implementation of delegated authority allows for Aboriginal and Torres Strait Islander community controlled organisations to work with and perform statutory functions for families at risk or in the child protection system. For further information, please refer to the Delegated Authority Support Services investment specifications, Making decisions our way-DA - Investment Specification (dcssds.qld.gov.au)

The **Family Participation Program** (FPP) provides support to Aboriginal and Torres Strait Islander families who are at risk of entering the Child Safety system. The primary function of the FPP is to ensure families participate in child protection decisions that affect their lives. The FPP supports and empowers families in decision making processes and activates appropriate support networks, prioritising the safety and wellbeing of Aboriginal and Torres Strait Islander children within family, community, and culture. Through the FPP, families have the ability to self-determine responses through the Aboriginal and Torres Strait Islander family-led decision (ATSIFLDM) making process.

The table below provides an overview of service users and service delivery types within the Families funding area. This is not an exhaustive list; the department may from time to time update this investment specification in response to evidence and changing needs to invest in additional service delivery responses, or different combinations of responses. Please refer to the most up-to-date version of this investment specification (see Section 12 for web links).

Service Users	Service Types
At-risk families (U3050)	Support – Intensive Family Support (T327)
	Support – Family and Child Connect (T347)
	Support – Assessment and Service Connect (T448)
Aboriginal or Torres Strait Islander families experiencing vulnerability or at-risk (U3333)	Support – Aboriginal and Torres Strait Islander Family Wellbeing Services (T313)
	Support Services – Community Support (T317)
	Support – Case Management (T314)
	Support – Aboriginal and Torres Strait Islander Services (T310)
Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)	Support – Family Participation Program (T601)
Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence (U3113)	Support – Safe Haven (T331)
Referrers and enquirers (U3340)	Support – Family and Child Connect (T347)
Statutory service users (U3310)	Support – Tertiary Family Intervention Service (T339)
Families experiencing vulnerability (U3330)	Support – Secondary Family Support (T334)
	Support – Targeted Family Support (T336)

5.1 Description of service type

Support services improve the capability, resilience, and safety of Queenslanders who may be experiencing vulnerability, and provide a range of responses to support Service Users (Families). The service types in Section 8 provide details of the range of supports provided to Service Users (Families) under Support Services for the Families funding area.

6. Service delivery requirements for all services

6.1 General information for all services

Services that are funded under the Families funding area must comply with the relevant statements under the headings of "Requirements" as specified in the Service Agreement. Services should also have regard to the relevant best practice statements and guidance provided under the headings of "Considerations."

Services should understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which is relevant across the child and family service system. Additional information is available at:

Family Matters: The Family Matters Roadmap

CSSDS: Aboriginal and Torres Strait Islander Child Placement Principle

SNAICC: Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle

Requirements for all services are outlined in Section 6.1.1. Service delivery requirements for specific Service Users and Service Types are outlined in Sections 7 and 8 further below.

6.1.1 Requirements for all services

Blue Cards

Organisations are required to comply with the screening and risk management requirements of the *Working with Children (screening and risk management) Act 2000*.

The Blue Card system contributes to the creation of safe and supportive environments for children and young people when receiving services and participating in activities which are essential to their development and wellbeing.

It is a requirement that people who work with children in regulated employment (which includes counselling and support) are suitable. This is assessed through the 'working with children' suitability notice (Blue Card). Blue Card information is available here: Blue Card Services | Your rights, crime and the law | Queensland Government (www.qld.gov.au)

Accessibility

Where an organisation is unable to provide a service to a person due to ineligibility or lack of capacity, there must be processes in place to refer the person to an appropriate alternative service. This can include providing an assisted referral or adequate support to the family to ensure engagement.

Services must not exclude Service Users with challenging or complex behaviours; rather they must develop alternative processes for managing these Service Users.

Services will use a variety of strategies to engage hard-to-reach families, in particular Aboriginal and/or Torres Strait Islanders and families from culturally and linguistically diverse (CALD) backgrounds including the engagement of interpreters and translators where required.

Services should apply active effort in the application of the Aboriginal and Torres Strait Islander Child Placement Principle (the Act, Section 5C).

The department supports fee-free access to interpreters for funded services and clients from non-English speaking backgrounds who have difficulties communicating in English, are deaf or hearing impaired and require Auslan sign language or require communications in Aboriginal or Torres Strait Islander Languages.

Existing funded services can contact our panel of translation and interpreter service providers directly to request bookings or access on-demand services, and will need to note:

- Status as a service funded by DCSSDS
- The service outlet name (the service name listed on your current Funding Schedule)
- The service outlet number, if known (this is listed on your current Funding Schedule).

The translation and interpreting service providers then invoice the department directly for charges incurred. For further information, visit: Non-Government organisation access to interpreting services.

If funded services encounter any difficulties accessing interpreter services, or have feedback about their experience, please contact InterpretingServices@cyjma.qld.gov.au.

New service providers will need to contact the department to arrange access. To request access, contact InterpretingServices@cyjma.qld.gov.au with the following information:

- Service Name
- Service Contact Person
- Service Contact Email
- Contact Phone
- Service Postal Address
- Service Outlet Number/s (if known).

Workforce competency

Staff teams must be appropriately trained and culturally and professionally diverse (where possible) and have the appropriate skills to meet the complex needs of the target group.

Counselling and case management staff must be highly skilled and hold relevant qualifications. Funded organisations are responsible for the recruitment of appropriately qualified staff, provision of appropriate induction, ongoing training and development and professional supervision of these staff.

The department understands that in some circumstances such as in remote parts of Queensland recruitment of staff with appropriate skills and experience can be difficult. It is also recognised that it may be desirable for a mix of qualifications, cultural connections and knowledge of the local area, skills, and life experience to be reflected in the team.

Referral engagement and participation

Multiple pathways into secondary services are utilised to maximise access to support for families. Self-referral is encouraged, and families may seek out services after initially declining support.

Services should demonstrate perseverance in engaging hard to reach families. Thorough assessment of the family's needs should inform the support provided. If Service Users perceive the service is helpful, they are more likely to stay engaged. Workers should develop a partnership approach with parents that endorses parental responsibility and builds their skills and capacity.

Where families are referred by Child Safety, either Regional Intake Service (RIS) or a Child Safety Service Centre (CSSC), and the family refuses to engage with the service, services must advise the referring CSSC or RIS the family has declined the offer of support.

Output delivery

The actual level of service outputs delivered and their alignment with the capacity for which the service is funded, will be assessed regularly by departmental staff. Where a service is unable to achieve the level of outputs for which they are funded, which might occur for a range of reasons, the service should alert the department to this matter as soon as possible.

Where a service is unable to deliver outputs to the level of funded capacity agreed to in the Service Agreement, the department will require a practical action plan which demonstrates how the service will be able to achieve its funded capacity within a realistic timeframe. If a service consistently delivers outputs below its level of funded capacity, the department will seek to work with the organisation to understand the reason for the under-delivery and develop strategies to respond.

The work of volunteers, students or other unpaid staff is not included in the reportable output hours for the department.

The work of paid staff who are engaged by a service outside of the contract funding footprint is not included in the reportable output hours. This is because performance is assessed against the funding allocation and additional service outputs can skew the assessment.[1]

Outcomes delivery

Services should be focused on delivering measurable change for service users as an outcome of the supports provided and aligned with the purpose of funding and reporting requirements.

Outcomes for service users should be evidenced through a recognised client assessment tool or method.

Networking

The service must participate in existing networks and/or establish and maintain networks and partnerships within the local community and with a broad range of family support and universal services.

Practice principles

All family support services must adopt the following practice principles to provide best practice and positive outcomes for families experiencing vulnerabilities[2]:

- *Valuing and supporting families as the primary place of nurturing for children*

  The best way to promote the safety and wellbeing of children and young people and to protect them from harm is by supporting families to care safely for their children at home and by creating safe and supportive communities.

- *Building on strengths*

  Support and intervention builds on the strengths of the child, family and community, enhances capacity and resilience and addresses identified risks and/or problems. Service providers work collaboratively and in partnership with children, families, communities, and other service providers where appropriate, to develop case plans and to make decisions.

- *Trauma informed practice*

  Recognises the prevalence of early adversity in the lives of clients, views presenting problems as symptoms of maladaptive coping, and understands how early trauma shapes a client's fundamental beliefs about the world and affects his or her psychosocial functioning across the life span. It incorporates core principles of safety, trust, collaboration, choice, and empowerment and delivers services in a manner that avoids inadvertently repeating unhealthy interpersonal dynamics in the helping relationship[3]. Principles of trauma-informed approaches and care include[4]:

[1] Any work performed by additional paid staff can be recorded as comments in P2i quarterly reports.
[2] Source: Professor Clare Tilbury, Griffith University
[3] Levenson, J (2017) Trauma-Informed Social Work Practice. Social Work. Vol 62 (2).
[4] Articulated in the National Framework for Protecting Australia's Children 2021-2031, p.50 (See *https://www.dss.gov.au/the-national-framework-for-protecting-australias-children-2021-2031)*

- having a sound understanding of the prevalence and nature of trauma and its impacts on people's development and functioning
- organisational and operational practices promoting the physical, psychological and emotional safety of people who have experienced trauma
- adopting service cultures and practices that empower people in their recovery, by emphasising autonomy, collaboration and strengths-based approaches
- recognising and being responsive to the lived, social and cultural contexts of people, which shape their needs as well as their recovery and healing pathways
- recognising the relational nature of both trauma and healing

Principles such as Aboriginal and Torres Strait Islander peoples' ownership, definition, design and evaluation of healing initiatives, and designing initiatives based on Aboriginal and Torres Strait Islander worldviews rather than Western health understandings alone, are other important considerations[5].

- *Respecting and responding to family and community diversity and strengthening culture and connections*

Family and cultural background has a strong bearing on the ways families and communities approach childrearing. Support and intervention respects and responds to diversity and promotes culture as a resource, seeking to build on the strengths and protective factors which particular cultural backgrounds may provide.

- *Holistic and integrated policy and practice*

A holistic and integrated approach to service provision offers the greatest chance of longer-term success. In partnership with non-government organisations, government plays a leading role in bringing together relevant stakeholders and supporting genuine collaboration throughout planning, implementation, partnership development and evaluation.

- *Evidence-based policy and practice*

Support and intervention is outcome driven and reflects contemporary research and evidence on what works best to achieve desired outcomes. Where appropriate, consideration is given to targeting activities and interventions toward the early years and other critical transition points to maximise outcomes.

- *Purposeful, planned and matched to need*

Supports and interventions are goal orientated and planned, within a sound theory of change. They are carefully coordinated and individually tailored to the specific nature and source of family difficulties. Parent engagement is maximised through family support based on goals that are specific and interventions that are well coordinated.

- *Relationship-based*

Relationships are vital to service delivery. Workers aim for a therapeutic role and strive to develop a structured helping alliance with family members. Interventions should be delivered by appropriately trained, research informed and skilled staff, backed up by good management and supervision.

[5] Quadara, A & Hunter, C (2016), Principles of trauma-informed approaches to child sexual abuse: A discussion paper, AIFS.

- *Tangible and non-tangible forms of assistance*

A mix of practical, personal development, therapeutic and enabling services are utilised as appropriate:

- practical services address a specific need in the family, such as transport to medical appointments, establishing daily routines related to meals or getting to school or respite care
- personal support and development including information and advice, parenting skills courses, budgeting, and household skills development
- clinical or therapeutic services include casework, counselling, emotional support, family mediation, anger management, development of social supports
- enabling services to link the family to other supports via referral and advocacy (e.g. assist with access to housing, childcare, emergency relief payment, rental assistance) and case management to coordinate service delivery.

6.1.2 Considerations for all services

Departmental policies and procedures

Relevant resources include, but are not limited to:

Child Safety Practice Manual

The information sharing provisions of the *Child Protection Act 1999* enable specialist service providers (such as FaCC, IFS, ASC and FWS) to share information with each other, with other prescribed entities[6] and with other service providers to identify, assess and respond to child protection and child wellbeing concerns. Specialist service providers are defined as non-government entities funded by the Queensland or Commonwealth Government to provide services that have the primary purpose of helping children in need of protection or decreasing the likelihood of children becoming in need of protection.

Specialist service providers can share information with each other for particular purposes, for example, a service providing support to a family will be able to share information with another service in the event that the family moves from one part of the state to another. It also means that a service that was previously working with a family to provide support such as a FaCC service will be able to share information with another service, such as an IFS when it begins to work with the family. Any information sharing must comply with the information sharing provisions in the *Child Protection Act 1999*. Further information can be found here: Information Sharing Guidelines

The Aboriginal and Torres Strait Islander Child Placement Principle

The ATSICPP recognises the importance of connections to family, community, culture, and country and can be used to:

- understand and show how culture is an important part of safety and wellbeing for Aboriginal and Torres Strait Islander children

[6] Prescribed entity means each of the following entities— (a) the chief executive of a department that is mainly responsible for any of the following matters— (i) adult corrective services; (ii) community services; (iii) disability services; (iv) education; (v) housing services; (vi) public health; (b) the police commissioner; (c) the chief executive officer of Mater Misericordiae Ltd (ACN 096 708 922); (d) a health service chief executive within the meaning of the Hospital and Health Boards Act 2011; (e) the principal of an accredited school under the Education (Accreditation of Non-State Schools) Act 2001; (f) a specialist service provider; (g) the chief executive of another entity that— (i) provides a service to children or families; and (ii) is prescribed by regulation.
Specialist service provider means a non-government entity, other than a licensee or an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child, funded by the State or the Commonwealth to provide a service to— (a) a relevant child; or (b) the family of a relevant child.

- recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities to have a say in decisions that affect their lives.

The ATSICPP has five elements:

- *Prevention* – protecting children's rights to grow up in family, community, and culture by redressing the causes of child protection intervention.
- *Connection* – maintaining and supporting connections to family, community, culture and country for children in care.
- *Participation* – ensuring the participation of children, parents and family in decisions regarding the care and protection of their children.
- *Placement* – placing children in out of home care in accordance with established placement hierarchy.
- *Partnership* – ensuring the participation of community representatives in service design, delivery and individual case decisions.

Family Matters' Building Blocks

These building blocks aim to eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in child protections systems. The building blocks are:

- All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive
- Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children
- Law, policy and practice in child and family welfare are culturally safe and responsive
- Governments and services are accountable to Aboriginal and Torres Strait Islander people

Workforce competency

Services should employ staff who reflect the diversity of families they are working with and appropriately qualified/experienced in working with Aboriginal and Torres Strait Islander peoples and communities.

Cultural capability for working with Aboriginal and Torres Strait Islander families

Ensuring the safe care and connection of Aboriginal and Torres Strait Islander children and young people is vital to achieving the intent of the Supporting Families Changing Futures Reforms, the *Our Way Strategy* and the *Breaking Cycles Action Plan*.

More information can be found here:

Aboriginal and Torres Strait Islander families – Department of Child Safety, Seniors and Disability Services (dcssds.qld.gov.au)

Child Safety policy - Decisions about Aboriginal and Torres Strait Islander children 641-4 (dcssds.qld.gov.au)

Our Way, a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 is a Queensland Government strategic framework that has been guided by Aboriginal and Torres Strait Islander perspectives to achieve generational change over the next 20 years. It represents a long-term commitment by government and the Aboriginal and Torres Strait Islander community to work together.

Breaking Cycles (2023 – 2031) (builds on the foundations for transformational change in the child protection system set under *Changing Tracks* with a focus on changing the way that services are

designed, developed and delivered with and for Aboriginal and Torres Strait Islander children, young people and families to break the cycle of intergenerational disadvantage. Further information can be found here: Breaking Cycles Action Plan 2023-25 (dcssds.qld.gov.au).

Organisations delivering family support should understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which has relevance across the child and family service system. All services will need to be aware of and work towards incorporating relevant elements into their practices. More information is available at:Practice Resources – QATSICPP.

The department supports the connection of Aboriginal and Torres Strait Islander children and young with people within their family, community and culture, acknowledging that stronger connections result in better outcomes for Aboriginal and Torres Strait Islander children and young people. The department also recognises the significant and long-term effect of decisions on a child or young person, their family and community; and acknowledges the role of family and community as the primary source of cultural knowledge. The *Child Protection Act 1999*:

- Enshrines the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle.
- Includes the role of an Independent Aboriginal or Torres Strait Islander Entity for the child (known as an Independent Person). In consultation with the child and the child's family, the department will arrange for an Independent Person for the child to facilitate the child and family's participation in significant decisions that impact on an Aboriginal or Torres Strait Islander child who is the subject of a child protection notification or who is subject to intervention by the statutory child protection system.
- Enables delegation of the chief executive's powers and functions in relation to an Aboriginal or Torres Strait Islander child who is either in need of protection or at risk of becoming in need of protection, to an Aboriginal or Torres Strait Islander CEO of an Aboriginal or Torres Strait Islander entity (Chapter 4 Part 2A) (known as Delegated Authority). Delegated authority is being co-designed and implemented in a staged approach. This capacity will take some time to develop within the Aboriginal and Torres Strait Islander entities accepting delegations.

Assessment tools

Service User assessment tools are used to determine a Service User's need. These tools are generally used during the intake or initial contact with the Service User as well as periodically to assess and re-assess the ongoing needs of the Service User. Each service type will use assessment tools suitable for their program, for example, IFS use the Family Assessment Summary Tool and FWS use Wellbeing domains.

Single case plan

Services should consider collaborative case management and integrated service planning and delivery, especially for the most complex and vulnerable families, where a lead professional provides a single point of contact for complex families and the development of a single case plan.

Collaborative case management is used when a family or individual requires support from more than one practitioner or agency to respond to multiple, complex and/or interrelated needs. Services work together with the family to plan and deliver services and a lead case manager works to ensure that the client receives the right mix of services, in the right order and at the right time.

Initial engagement with the family includes identifying which agencies or supports are already in place and negotiating which service is best placed to lead the single case plan.

The case manager develops a trusting relationship with the family, identifies needs and existing services families may be working with and works to address issues using a single case plan. The provision of regular individual or family support, access to other specialist services and brokerage funds as well as the provision of ongoing practical assistance are critical to the success of the approach.

An exit plan will be developed as part of case planning clearly identifying how the family will transition, or step down, from intensive family support at the end of the intervention.

7. Service delivery requirements for specific Service Users

7.1 At-risk families (U3050)

Families with children and young people under 18 years, including unborn children, who are at high risk of entering or re-entering the statutory child protection system.

7.1.1 Requirements — at-risk families

- Families with children and young people under 18 years, including unborn children, who are at high risk of entering or re-entering the statutory child protection system.
- The family would benefit from either access to an assessment of their needs and referral to a specialist support services and/or an intensive family support intervention that offers case management.
- The child and family's circumstances or risk factors are likely to escalate if they do not receive support.
- The child is not currently in need of ongoing Child Safety intervention.
  Note: if a child is subject to an order granting long-term guardianship to a suitable person or a permanent care order, the families may seek support from a family support service where it is assessed that the required support can be provided by an appropriate service and where the child is not the subject of current case work being undertaken by the department.

7.1.2 Considerations — at-risk families

The family may have medium to high complex needs.

7.2 Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence (U3113)

Aboriginal and Torres Strait Islander families with children and young people under 18 years in three discrete Aboriginal and Torres Strait Islander communities (Mornington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence.

7.2.1 Requirements — Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.

- Families with children and young people under 18 years in three discrete Aboriginal and Torres Strait Islander communities (Mornington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence.

7.2.2 Considerations — Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence

Nil

7.3 Families — statutory service users (U3310)

Families with children and young people under 18 years, including unborn children, who have experienced abuse and/or neglect and as a result Child Safety has determined the child/ren is/are in need of protection and are therefore subject to statutory intervention. Families must be working with Child Safety, on an intervention with parental agreement (IPA) or a child protection order (CPO).

7.3.1 Requirements — statutory service users

Service Users are parents[7] and other immediate family members in a direct caring role of children (unborn to under 18 years) who are referred exclusively by Child Safety Service Centres when the case plan goal is:

- reunification within 12 months; or
- support for the parent(s) with a child living at home under non-custodial child protection orders including: a directive order or a supervision order– which requires specific actions involving the family; or
- support for the parent(s) with a child living at home under an intervention with parental agreement or support service[8] case to prevent any likelihood of the child entering care.

7.3.2 Considerations — statutory service users

Families may choose to remain engaged with the service for a short period of time once the case plan goals are achieved and they have ceased working with Child Safety to ensure ongoing safety and to consolidate their learning.

7.4 Families experiencing vulnerability (U3330)

Families with children and young people under 18 years, including unborn children, who find themselves in vulnerable situations and do not require statutory intervention.

7.4.1 Requirements — families experiencing vulnerability

- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to family support interventions and/or referral to support services.
- The child is not currently in need of ongoing Child Safety intervention.

[7] For the purpose of definition for Statutory Service Users, “parent” does not include foster carers, specialist foster carers or specific response carers of children in care placements. Definitions of “parent” contained in the *Child Protection Act 1999* apply.

[8] A Support Service Case is offered to a pregnant person when an assessment has determined that an unborn child will be in need of protection after their birth. A support service case can only be opened with the consent of the pregnant person.

Note: Guardians of children subject to long-term guardianship to other orders or permanent care orders may seek support from a family support service where it is assessed that the required support can be provided by a secondary or targeted family support service and where the child is not the subject of current case work being undertaken by the department.

7.4.2 Considerations — families experiencing vulnerability

Families may present with multiple concerns.

7.5 Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk (U3333)

Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years including unborn children, requiring assistance across the service continuum: universal, secondary and/or intensive and specialist assistance. The client group includes families who are subject to ongoing intervention by the department.

7.5.1 Requirements — Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.
- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to early family support interventions and/or referral to specialist support services.
- The child and family have had previous involvement with, or are at risk of progressing into, the statutory child protection system.
- The child is in need of ongoing intervention by Child Safety.

7.5.2 Considerations — Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk

Families may present with multiple concerns.

7.6 Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)

Aboriginal and/or Torres Strait Islander families with children and young people under the age of 18 years who are the subject of a child protection notification or who are already subject to intervention by the statutory child protection system. Family in this context is defined broadly to include extended kin relationships and significant individuals from the child's community.

7.6.1 Requirements — Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.
- There is a child/ren unborn to under 18 years of age.
- A child in the family has become the subject of a notification, or the family is already involved in the statutory child protection system.
- The child is in need of ongoing intervention by Child Safety.

7.7 Referrers and Enquirers (U3340)

Referrers and Enquirers are people who are concerned about the safety and/or wellbeing of a child or family and are seeking information, advice, or referral for support for the family experiencing vulnerability.

7.7.1 Requirements — referrers and enquirers (U3340)

- Referrers and Enquirers must refer vulnerable and/or at risk families when they identify children or young people in need of support.
- Referrers and Enquirers include professionals (including those defined as mandatory reporters in the *Child Protection Act 1999*), prescribed entities, organisations, community members and/or families.
- If a referrer or enquirer is a mandatory reporter, they must report a reasonable suspicion of harm that a child is a child in need of protection caused by physical or sexual abuse to Child Safety.

7.7.2 Considerations — referrers and enquirers (U3340)

Referrers and Enquirers may use the Queensland Child Protection Guide to determine the most appropriate course of action for them to meet the needs of the child and/or family experiencing vulnerability.

8. Service delivery requirements for specific service types

8.1 Support — Aboriginal and Torres Strait Islander Family Wellbeing Services (T313)

8.1.1 Requirements — Aboriginal and Torres Strait Islander Family Wellbeing Services

The Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) offer Aboriginal and/or Torres Strait Islander children and families who may be experiencing vulnerability a range of services that build their capacity to safely care for and protect their children.

An integrated and culturally safe service response to families requires services to provide holistic and strengths-based responses to:

- comprehensively assess a family's needs.
- build and support family capabilities and connections using a culturally holistic case management approach.
- advocate and leverage support for a family from multiple service providers and promote collaboration, information exchange, joint planning, shared resourcing, and the development of formal (and informal) partnerships amongst community controlled and mainstream service providers.
- facilitate personal support and development including information and advice, parenting skills development, kinship connections, budgeting, and household management skills development.
- deliver practical services that address a specific need in the family.
- provide direct clinical and/or therapeutic counselling, emotional support, and healing practices within a cultural framework.
- enable community leadership, participation, networks, and actions for the benefit of service users.

Services are designed and delivered by valuing and engaging with local Aboriginal and Torres Strait Islander leadership and knowledge.

Children and families and their participation in the decisions that shape their future are at the centre of all integrated service responses.

The service provider will deliver timely and effective support to families to achieve improvements in safety and/or protection from harm; and improve life skills to deliver the following outcomes:

- improved the wellbeing[9] of Aboriginal and Torres Strait Islander children and families.
- Aboriginal and Torres Strait Islander children are safe in their family and communities.
- efficient and effective services for Aboriginal and Torres Strait Islander children, families and communities.
- a significant contribution to the reduction in the number of at-risk Aboriginal and Torres Strait Islander children in the tertiary child protection system within specific catchments.

[9] This refers to Aboriginal and Torres Strait Islander peoples feeling of being healthy on a physical, spiritual, emotional and social level. It is a state where individuals and communities are strong, proud, happy and healthy. It includes being able to adapt to daily challenges while leading a fulfilling life. For Aboriginal and Torres Strait Islander peoples' land, family and spirituality can also be considered central to wellbeing. *See:* Glossary of Healing Terms | Healing Foundation

Services must align service delivery to the current version of the Aboriginal and Torres Strait Islander Family Wellbeing Service Program Guidelines.

Services understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which is relevant across the child and family service system.

Services participate in specific meetings such as the Aboriginal and Torres Strait Islander Families Strategic Implementation Group (SIG) and program, and specific reference groups (Indigenous Youth and Family Workers and Specialist Domestic and Family Violence Workers). This is to offer services the opportunity to share their learnings and provide a means to amplify the voices of their families and community. These forums also enable service providers to have input to the ongoing design of the service delivery system.

Reporting

Services are required to submit financial and performance reports using the department's Online Reporting System (Procure to Invest - P2i).

Services are required to use the Advice Referral and Case Management (ARC) system.

Sorry Business

The program acknowledges the importance of respecting the cultural practices, customs and protocols associated with the death of Aboriginal and/or Torres Strait Islander peoples in community. Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.

Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community, and reduction in the organisation's capacity to deliver services during these times. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs during these times. Significant community shutdowns caused by Sorry Business affecting service delivery need to be advised to the regional contract manager and to be considered in the overall service delivery when assessing the contracted per annum targets.

Indigenous Youth and Family Workers (IYFW) initiative (T314)

Where FWS are funded to employ Indigenous Youth and Family Workers (IYFW), the service response is to support children under 18 years and their families at risk of involvement with the youth justice system.

Specialist Domestic and Family Violence Workers (SDFVW) initiative (T310)

The Specialist Domestic Family Violence Workers (SDFVW) will ensure that FWS staff are aware of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers and family members.

8.1.2 Considerations — Aboriginal and Torres Strait Islander Family Wellbeing Services

The following principles underpin the design and delivery of FWS:

- Cultural knowledge and understanding are central to improving children's safety, belonging, wellbeing, identity and participation in community life.
- Authentic communication with families fosters collaborative working relationships and drives holistic service responses.

- Aboriginal and Torres Strait Islander local leadership is recognised and valued.
- Aboriginal and Torres Strait Islander community controlled organisations are best placed to deliver services to Aboriginal and Torres Strait Islander children, families and communities.
- Services will listen to the views of children, family and community and will involve them in both the design of the service and the planning of responses.
- Place-based design of service responses reflects the needs and aspirations of the local community.
- Enhanced networks will increase safety and support for children, young people and families.
- Focus on the present and future whilst recognising the impact of the past and the importance of healing, rigour and hopefulness in the search for strength-based solutions.
- Continuous reflection to grow, learn and nurture connection and practice underpinned by trust and a shared commitment to finding solutions to raise strong, healthy, happy children and support a positive cultural identity for all children.

The success of the FWS program will be assessed using the following measures:

- Demonstrates greater capacity to support families earlier
- number of families referred to FWS
- number of families who consent to engage
- Demonstrates families' willingness to protect children from harm
- number of substantiations and re-substantiations of Aboriginal and Torres Strait Islander children after engagement with a FWS
- number of re-notifications of Aboriginal and Torres Strait Islander children after engagement with a FWS
- Demonstrates effectiveness of FWS program
- number of cases closed with partial or majority of needs met
- number of cases which show positive change in key wellbeing domains
- Demonstrates FWS are meeting family needs and providing culturally appropriate support
- number of families satisfied with the FWS

Service delivery mode options

- centre-based
- mobile

Hours of operation

The service must assist families to access the information, resources and support they need and will be open 52 weeks per year excluding public holidays.

To increase accessibility for families, including working parents, phones will be staffed from 8.30am to 5.30pm on normal business days. It is a requirement that the service will meet the needs of families by providing flexible appointment times for families who cannot be contacted or access the service during normal business hours.

The service will not be expected to operate as normal on public holidays.

Outside of the hours outlined above, the telephone system must be capable of receiving voicemail messages for a call-back on the next working day.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Bullying and Cyberbullying

Since 1 July 2022, services that are funded to employ Indigenous Youth and Family Workers are required to:

- implement an anti-bullying and anti-cyberbullying policy and process for the detection, prevention, intervention and management of responses to bullying or cyberbullying[10] acts or allegations;
- train their staff about how to identify and respond to bullying[11] and cyberbullying;
- make resources produced by the e-Safety Commissioner[12] and other bodies readily available to children and young people to or in relation to whom the Services are provided;
- maintain ground rules for group work that are clear that bullying and cyberbullying are not acceptable behaviours;
- display promotional materials that clearly state that bullying and cyberbullying are not acceptable behaviours;
- take all reasonable steps to try to maintain a safe online environment for children and young persons to or in relation to whom the Services are provided, without unreasonably compromising privacy or access to social or learning opportunities;
- identify and draw on external expertise as reasonably required to respond to incidents of bullying or cyberbullying; and
- provide clarity to children and young people to or in relation to whom the Services are provided regarding the avenues to assistance should they experience bullying or cyberbullying.

8.2 Support — Intensive Family Support (T327)

The IFS program is targeted to families experiencing multiple and/or complex needs with children unborn to 18 years of age who may be at risk of entering the statutory child protection system without support.

The aim of IFS services is to provide intensive and extended, but time limited, in-home support to improve family functioning and safety for children by building the skills and capacity of parents/caregivers to a level that can be sustained by less intensive and more universally available services. While some families may need a longer intervention, it is anticipated that families will generally engage with the IFS for up to nine months.

[10] **"Cyberbullying"** means the use of information and communication technologies to support deliberate, repeated, and hostile behaviour by an individual or group, that is intended to harm others.
[11] **"Bullying"** is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm.
[12] **"eSafety Commissioner"** means the Australian Government's eSafety Commissioner, appointed under the *Enhancing Online Safety Act 2015* (Cth).

8.2.1 Requirements — Intensive Family Support

Service delivery

Services must align services delivery to the current version of the *Intensive Family Support Model and Guidelines*. Referrals to Intensive Family Support must meet the criteria outlined in the Model and Guidelines.

Services participate in specific meetings such as the FaCC and IFS Strategic Implementation Group (SIG) and any specific reference/working groups formed. This is to offer services the opportunity to share their learnings and provide a means to amplify the voices of their families and community. These forums also enable service providers to have input to the ongoing design of the service delivery system.

Reporting

Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.

Services are also required to enter data on the Advice, Referral and Case Management (ARC) system. Services are required to enter the data on a regular basis so that data accurately reflects service delivery. In particular, all data needs to be up to date by the eighth day of the month.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

Networking

Where Local Level Alliance's exist, IFS services will participate or other family support collective/network as appropriate.

8.2.2 Considerations — Intensive Family Support

Service delivery

The period of intervention will be dependent upon the needs of the family, generally between six to nine months.

Service delivery mode options

- centre-based
- mobile (in home)
- virtual

8.3 Support — Safe Haven (T331)

Safe Havens reduce the impact of family violence on children, young people and their families in three discrete Aboriginal and Torres Strait Islander communities.

8.3.1 Requirements — Safe Haven

Safe Havens are required to reduce the impact of family violence on children, young people and their families. The service model has eight elements, defined as:

- *Coordination* – to develop and implement appropriate protocols and service arrangements with community stakeholders to ensure a coordinated approach towards responding to the needs of children and young people who witness or experience domestic and family violence.
- *Community capacity building* – to build and strengthen networks and support existing organisations to build and improve their capacity, relating specifically to prevention and early intervention activities to families with children and young people. This includes strategies to address causal factors of family and domestic violence in Aboriginal communities, to effect sustainable change and empower local communities to reduce and prevent family and domestic violence.
- *Family support* – to assist families when a domestic and family violence incident occurs to keep their children safe from harm; to develop their knowledge and skills to continue to care for and nurture their children; to increase their capacity to manage and resolve complex issues in a way that improves their family functioning, capacity and resilience; by providing information about parenting issues and nurturing children; and by providing information about parenting issues and nurturing children.
- *Family counselling* – to provide counselling to individuals, couples and families to identify issues, recognise personal and social resources and deliver responses that enhance individual and family functioning.
- *Youth work* – to provide support to young people to address the social/emotional issues that confront them in their daily life as they make the transition from adolescence to adulthood to become a contributing member of society.
- *Community patrol* – to provide escort for children, either with the consent of parents, or with the approval of authorised officers, as defined by the *Child Protection Act (1999)* to ensure their safety by transporting them to a safe place if they are found wandering the street.
- *Brokerage* – to enhance support, services and resources that are available to families on a short-term or episodic basis that will support Service Users to meet their goals in a support plan. They are not intended to duplicate ongoing services and resources that are available to families through other programs or through their informal support networks.
- *Emergency care funding* – the provision of vouchers (and non-monetary assistance) to recipients who are meeting the immediate safety needs of children and young people experiencing domestic and family violence.

8.3.2 Considerations — Safe Haven

Service delivery mode options

- centre-based
- mobile

Sorry Business

Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.

Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs.

Significant community shutdowns caused by Sorry Business affecting service delivery need to be reported to the regional contract manager and these will be considered when assessing overall service performance against contracted annual targets.

8.4 Support — Secondary Family Support (T334)

8.4.1 Requirements — Secondary

Secondary Family Support Services are required to reduce harm or risk of harm to children and young people, prevent crises or problems within families from arising or escalating and stabilise or maintain family wellbeing.

The outcomes to be achieved are:

- Improve the wellbeing and safety of children, young people and their families.
- Build the capacity of families to care for and protect their children.
- Provide linkages to local universal support services/community groups to enable families to access the resources to build their capacity to solve problems and make positive choices and changes.

Referral pathways

Families can self-refer to these services.

These services receive referrals from other non-government agencies and government agencies. To make a referral to these services the following criteria must be met:

- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to family support interventions and/or referral to specialist support services through a case management model.
- The child is not currently in need of ongoing Child Safety intervention.
- The family consents to the referral.

Secondary Family Support services cannot accept referrals from Child Safety if there is a current notification and an assessment has not commenced or where it has been determined that a child is in need of ongoing Child Safety intervention.

However, if during their work with a family it becomes known that a notification has been recorded, services should pause their intervention with the family until the assessment is completed. Depending on the outcome, the service can either resume the intervention if no further Child Safety intervention is required or close the case if ongoing intervention is commenced.

Referrals from Child Safety can be accepted when the family is exiting from a Child Safety intervention (assessment of a Standard or Priority Response or ongoing intervention) and the referral forms part of the exit case plan/strategy.

These services must not provide services to families where the child is placed in care by Child Safety. Where children are placed in care, Child Safety will access Tertiary Family Intervention Services to work with these families to address the identified child protection concerns.

Guardians for children subject to long term guardianship or permanent care orders may seek support from a family support service where it is assessed that the required support can be provided by the service and where the child is not the subject of current case work being undertaken by the department.

Brokerage

Services may use a portion of their funding for brokerage. Brokerage funds will be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the family's case plan goals and the overall intentions of the family's support program.

The spending of brokerage funds must be clearly linked to a family's case plan.

A brokerage fund of up to 5% of total grant funding is available.

Reporting

Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.

There are no additional reporting requirements for these services.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

8.4.2 Considerations — Secondary

Service delivery

The period of intervention will be dependent upon the needs of the family.

Supports can be delivered by a variety of paid workers with different skill levels, tertiary qualified (university) and vocationally trained (TAFE) staff.

Case management/planning

A range of interventions are delivered to families experiencing vulnerability and children (unborn to under 18 years) that aim to reduce harm or risk of harm, prevent crises or problems from arising or escalating and stabilise or maintain the family's wellbeing.

Interventions provided can include case management, counselling, family therapy, mediation, parenting skills, community education and development, volunteer coordination and support, budgeting, household management strategies or supporting the family to adopt daily routines.

Networking

All services are encouraged to participate in a Local Level Alliance of government and non-government services or other family support network/collective as available.

Service delivery mode options

- centre-based
- mobile
- virtual

8.5 Support — Targeted Family Support (T336)

These services are narrowed by their target group, i.e., they work with one specific target group, such as teenage parents, or narrowed by the type of services delivered, such as counselling. For example, a service might target a specific group within the community, such as families from culturally or linguistically diverse backgrounds, to deliver case management, or be open to the entire target group to offer a single service.

The family support matrix below helps determine which category a service aligns to.

Secondary Family Support Matrix	Vulnerable children, young people (unborn to under18) and their families	Any subset of the prescribed target group (young people, Aboriginal and/or Torres Strait Islander, pregnant women)
Needs assessment management of case plan (as the primary output/service model)	Secondary Family Support	Targeted Family Support
Other service model e.g. counselling, social and personal development (as the primary output/service model)	Targeted Family Support	Targeted Family Support

8.5.1 Requirements — Targeted

Targeted Family Support services are secondary services. These services are provided to reduce harm or risk of harm to children and young people, prevent crises or problems within families from arising or escalating and stabilise or maintain family wellbeing.

These services are required to:

- Improve the wellbeing and safety of children, young people and their families.
- Build the capacity of families to nurture, care for and protect their children.
- Provide linkages to local universal support services/community groups to enable families to access the resources to build their capacity to solve problems and make positive choices and changes.

Referral pathways

Families can self-refer to these services.

These services receive referrals from non-government agencies and government agencies. To make a referral to these services the following criteria must be met:

- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to family support interventions and/or referral to specialist support services.
- The child is not currently in need of ongoing Child Safety intervention.
- The family consents to the referral.

These services cannot accept referrals from Child Safety if there is a current notification and an assessment has not commenced or where it has been determined that a child is in need of ongoing Child Safety intervention.

However, if during their work with a family it becomes known that a notification has been recorded, services should pause their intervention with the family until the assessment is finalised. Depending on the outcome, the service can either resume the intervention if no further Child Safety intervention is required or close the case if ongoing intervention is commenced.

Referrals from Child Safety can be accepted when the family is exiting from a Child Safety intervention (assessment of a Standard or Priority response or ongoing intervention) and the referral forms part of the exit case plan/strategy.

These services must not provide services to families where the child is placed in care by Child Safety. Where children are placed in care, Child Safety will access Tertiary Family Intervention Services to work with these families to address the identified child protection concerns.

Brokerage

Services may use a portion of their funding for brokerage. Brokerage funds will be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the family's case plan goals and the overall intentions of the family's support program.

The spending of brokerage funds must be clearly linked to a family's case plan.

A brokerage fund of up to 5% of total grant funding is available.

Reporting

Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.

There are no additional reporting requirements for these services.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

8.5.2 Considerations — Targeted

Service delivery

The period of intervention will be dependent upon the needs of the family.

Supports can be delivered by a variety of workers with different skill levels, including volunteers, university qualified and vocationally trained (TAFE) staff.

Case management/planning

A range of interventions is delivered to families experiencing vulnerability and children (unborn to under 18 years) that aim to reduce harm or risk of harm, prevent crises or problems from arising or escalating and stabilise or maintain the family's wellbeing.

Interventions provided can include case management, counselling, family therapy, mediation, parenting skills, community education and development, volunteer coordination and support, budgeting, household management strategies or supporting the family to adopt daily routines.

Networking

All services are encouraged to participate in a Local Level Alliance of government and non-government services or other family support alliance/collective as appropriate.

Service delivery mode options

- centre-based
- mobile
- virtual

8.6 Support — Tertiary Family Intervention Service (T339)

Tertiary Family Intervention Services (TFIS) support families where ongoing statutory intervention with Child Safety is required.

8.6.1 Requirements — Tertiary

Service scope

Tertiary Family Intervention Service (TFIS) must deliver services designed to:

- Maintain families where a child remains living at home under the ongoing intervention and monitoring by Child Safety Services Centres; and/or
- Assist in the reunification of the child with their family from a care placement where this is in the child's best interest.

Subject to capacity, where Child Safety Service Centres are undertaking an assessment under a Standard or Priority Response, and the result of the Safety Assessment is safe or safe with a plan, the TFIS service may work with the Child Safety Service Centre to engage and work with the family to prevent entry into the statutory system.

Where the TFIS provides a service to the family and child/ren to prevent entry into the statutory system, the *Child Protection Act 1999* defines the TFIS service as a specialist service provider. If

required, the TFIS can "*share information with another service in the event that the family move from one part of the state to another*."

Referral pathways

Only Child Safety Service Centres are able to make referrals to TFIS services. Other government and non-government agencies are not permitted to send referrals to TFIS.

Families are not able to self-refer.

Case management/planning

Services must work to a case plan developed by Child Safety Service Centres, that retain case management responsibility. The case plan must include one of the following goals:

- Child to remain safely in the home
- Reunification of the child with family

Services must work in partnership with Child Safety Service Centres and collaborate with informal family supports and other support services (including universal and secondary type support services) to ensure case plan goals and case plan reviews for children and young people are addressed in a timely manner and in a family's local community.

Diversity and culturally respectful practices

If the TFIS is not being delivered by an ATSICCO, in recognition of the disproportionate representation of Aboriginal and/or Torres Strait Islander children in care and a commitment to support families to safely care of their children at home, the TFIS is expected to recruit wherever possible workers who identify as Aboriginal and/or Torres Strait Islander. The service is required to develop effective links with local Aboriginal and/or Torres Strait Islander organisations and community representatives and to ensure that culturally respectful practice is a core component of staff development and training.

When working with Aboriginal and/or Torres Strait Islander children and families, effective engagement needs to consider the cultural and historical factors that have led to entrenched disadvantage and vulnerability within this community. Aboriginal and/or Torres Strait Islander peoples should be supported and empowered to participate in decision making processes

In addition, a TFIS service is required to be capable of responding in a culturally sensitive way to families from Cultural and Linguistically Diverse (CALD) backgrounds. Families from CALD backgrounds require services to be responsive to their specific needs. Services need to demonstrate their willingness and capacity to work with people from diverse backgrounds by developing specific strategies including linking with local multicultural organisations and engaging interpreter services.

Service delivery

Services must provide an integrated and responsive therapeutic suite of services including individual or family counselling and group work, where appropriate, to a child/ren and their family.

Services are responsible for recruiting appropriately qualified staff who have specialist skills in providing integrated and responsive therapeutic services.

Collaborative Family Decision Making (CFDM)

Collaborative Family Decision Making (CFDM) is applied whenever a critical decision about a child's safety, belonging or wellbeing is required. This includes assessment, planning, monitoring and review activities.

CFDM seeks to influence how critical decisions are made through best practice and minimum standards for engaging the child, their family, extended family and community and empowering them to make decisions as a group.

The overall approach of CFDM is to ensure agreed safety, belonging and wellbeing decisions are developed through an independently convened family and community driven process.

Services may be invited to share information about the supports and resources they can provide to help families achieve their goals.

If families are already receiving support from the TFIS service, the service can provide feedback about the child, parents and family, their strengths, and any areas of improvement.

Brokerage

Services are funded for brokerage. Brokerage funds must be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the outcomes and intentions of the family's support program and the department's case plan goals.

The spending of brokerage funds must be clearly linked to a family's case plan.

A brokerage fund of up to 5% of total funding is available.

Reporting

When families are referred to TFIS services, the department requires regular progress reports on the family's participation in the program.

Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.

Travel

At-risk families require flexible modes of service delivery which includes travel with or on behalf of a family to meet the case management goals and objectives of the family.

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one hour, then the hour for each worker (total two hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Networking

All services are encouraged to participate in a Local Level Alliance of government and non-government services.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

8.6.2 Considerations — Tertiary

Case management/planning

Services may assist Child Safety Service Centres in decision making by participating in case planning and case plan reviews that are coordinated and facilitated by Child Safety Service Centres.

Services aim to develop the practical skills of parents to care for their child, improve the safety of the family home environment and strengthen the attachment between parent and child/ren within a strengths-based and evidence-informed practice framework.

Child Safety Service Centre Managers have the discretion to allow a family to receive more than one period of service.

Hours of contact and coordination support provided to each family, depend on the nature of the referral made by the Child Safety Service Centre and the level of support required.

Service delivery

Service delivery models may vary and include combinations of one-to-one support to a parent or child, family counselling or mediation, group work, centre-based services and in-home support by paid staff and/or volunteers.

The period of service may vary in length from three to twelve months, with the possibility of a six month extension depending on the family's needs, and progress on departmental case plan goals and reviews.

Services will need to provide support outside of business hours, including before school, evenings and occasionally on weekends.

Service delivery mode options

- centre-based
- mobile
- virtual

8.7 Support — Family and Child Connect (T347)

FaCC services are uniquely positioned to provide a rapid assessment and referral options for enquirers and families to connect them to the right service at the right time.

8.7.1 Requirements — Family and Child Connect (T347)

Service scope

FaCC services are required to operate both locally within their defined catchment, and as a network of services to respond to enquiries and referrals about the wellbeing of vulnerable children and young people who are at risk of entry or re-entry into the statutory child protection system, and their families. In identified catchments, they also support an alliance of local non-government and government services that work with vulnerable children, young people and families.

Services must align service delivery to the current version of the FaCC Service Model and Guidelines.

Reporting

Services are required to complete quarterly performance reporting on the department's online reporting system (Procure to Invest; P2i).

Services are also required to enter data on the Advice, Referral and Case Management (ARC) system, a program developed specifically for the secondary family support service system. Services are required to enter the data on a regular basis so that data accurately reflects service delivery. In particular, all data needs to be up to date by the eighth day of the month.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

8.7.2 Considerations — Family and Child Connect (T347)

Service delivery mode options

- centre-based
- mobile (in home)
- virtual

8.8 Support — Assessment and Service Connect (T448)

Assessment and Service Connect (ASC) provides needs-based responses to children and their families aimed at increasing safety.

The two key functions of an ASC service include:

1. Undertake a strengths and needs assessment with the family; and
2. Make referrals to appropriate services for the family.

8.8.1 Requirements — Assessment and Service Connect (T448)

Services must align service delivery to the current version of the ASC Model and Guidelines.

ASC services will only accept referrals from Child Safety.

Reporting

Services are required to complete quarterly performance reporting on the department's online reporting system – Procure to Invest (P2i).

Services are also required to enter data on the Advice, Referral and Case Management (ARC) system. Services are required to enter the data on a regular basis so that data accurately reflects service delivery. In particular, all data needs to be up to date by the eighth day of the month.

As part of all interventions undertaken, Child Safety records a summary of the action taken to support a child's protection. Where an ASC funded service is part of the response, they will provide sufficient information to assist the Child Safety officer to comprehensively complete this record on Unify.

Demographic data

A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

8.9 Support — Family Participation Program (T601)

Family Participation Program (FPP) services support Aboriginal and Torres Strait Islander families to participate in child protection decisions that affect their lives.

A key function of the FPP is the facilitation of independent Aboriginal and Torres Strait Islander Family-Led Decision Making (ATSIFLDM), a process whereby authority is given to parents, families and children to solve problems and lead decision-making in a culturally safe space.

There are several critical elements to effective ATSIFLDM with Aboriginal and Torres Strait Islander children and families. These include the facilitator being seen as independent of the department, the family being given the time to meet on their own and identify an Independent Person/s, the effective mapping of kin networks, a focus on the safety of the child and engagement of the supports that families require to enable them to resolve challenges.

When applied during the investigation and assessment process, ATSIFLDM helps the family to better understand the department's child safety concerns, provide information that can assist in determining if the concerns are warranted, and supports the family to develop a safety plan that mitigates risks to the child. By empowering families to develop solutions to child safety concerns and supporting them to access necessary support, it is anticipated that wherever possible, children will be able to remain safely within their families.

Where families become subject to statutory child protection intervention, ATSIFLDM provides a vehicle for families to actively participate in case planning, placement decisions and transition from care planning.

While ATSIFLDM is a primary function of the service, families may seek other less structured forms of assistance that enable them to participate in decision making.

The FPP aims to:

- give effect to Aboriginal and Torres Strait Islander peoples' right to self-determination
- facilitate shared decision-making involving parents and families at different phases of their involvement in the child protection system
- develop family-based solutions (family designed plan) that provide for the protection and care needs of children, whether at home or in care

The ultimate goal of the FPP is to ensure the participation of families in the decisions that impact most profoundly upon their children. It is hoped that by empowering families in decision making processes and activating appropriate support networks, the safety and wellbeing of Aboriginal and Torres Strait Islander children can be achieved within family, community and culture.

The FPP function is distinct from, but closely associated with the support function of Aboriginal and Torres Strait Islander FWS. ATSIFLDM can assist families to participate in decision making processes, but families are also likely to require support to address child safety concerns and to implement the action plans they have developed. It is expected that families assisted through the FPP service will also be offered access to the full range of supports available through FWS, which operate under a case management approach.

8.9.1 Requirements — Family Participation Program (T601)

The FPP empowers families to participate in decisions about their children at multiple points over the period of their engagement with the child protection system. These include:

- *Investigation and assessment* – The service may convene a family-led decision making process prior to the completion of an assessment to enable families to develop a safety plan that reduces the likelihood of the child being removed.

- *Locating an independent person* – The service may assist the family to locate an Aboriginal and/or Torres Strait Islander independent person (entity) or undertake the role of an independent person (entity) where requested.
- *Court* – The Children's Court must have regard to Aboriginal tradition and the Torres Strait Island custom laws *Meriba Omasker Kaziw Kazipa (Torres Strait Islander Traditional Child Rearing Practice) Act 2020* relating to the child, the Aboriginal and Torres Strait Islander Child Placement Principle, and to inform itself about the matters, the court may seek information from a FPP service about the family's involvement in decision making to date.
- *Development or review of a case plan* – The service may assist the family to have input to the development of their child's case plan or case plan reviews, to ensure that every opportunity to reunite the child with family is explored.
- *Cultural support planning* – ATSIFLDM may be used to inform the development of cultural support plans that genuinely maintain connections with family, country and culture.
- *Reunification or transition to independence* – ATSIFLDM can support the development of Child Safety plans that enable the child to be returned to the family, or to plan the child's exit from the child protection system at the age of 18 in a way that sustains connection with family, country and culture.

Key functions that could be undertaken by a FPP service include:

- Assisting families to understand Child Safety processes and the safety concerns held by the department (where applicable).
- Providing unstructured support to a family to enable them to have active input to decisions.
- Conducting family mapping to identify family members who could support the resolution of safety concerns or maintain the child's cultural and family connections.
- Facilitating family planning sessions to assist them to prepare for an ATSIFLDM process.
- Facilitating formal ATSIFLDM processes.
- Supporting the family to identify independent person/s to provide the family with the support they need to ensure their voices are heard through the decision-making process.
- Linking families with the support services they need to implement and sustain the family-developed plan.

Aboriginal and Torres Strait Islander family-led decision making (ATSIFLDM)

Aboriginal and Torres Strait Islander family-led decision making (ATSIFLDM) is a process whereby authority is given to parents, families and children to address problems and lead decision-making in a culturally safe space.

There are several critical elements to effective ATSIFLDM including the facilitation of the process being seen as independent of the department, where the family is given the time to meet on their own; effective mapping of kin networks; a focus on the safety of the child, and engagement of the supports that families require to enable them to resolve challenges.

When applied during the investigation and assessment process, ATSIFLDM helps the family to better understand the department's child safety concerns, provides information that can assist in determining if the concerns are warranted, and supports the family to develop a safety plan that mitigates risks to the child. By empowering families to develop solutions to child safety concerns and supporting them to access necessary support, it is anticipated that wherever possible, children will be able to remain safely within their families.

Where families become subject to statutory child protection intervention, ATSIFLDM provides a vehicle for families to actively participate in case planning, placement decisions and transition from care planning.

While ATSIFLDM is a primary function of the service, families may seek other less structured forms of assistance that enable them to participate in decision making.

Specific online training in ATSIFLDM has been developed as mandatory training for FPP staff, however it is also available for FWS staff who are encouraged to undertake this training opportunity.

Collaborative Family Decision Making (CFDM)

Collaborative Family Decision Making (CFDM) is applied whenever a critical decision about a child's safety, belonging or wellbeing is required as part of the child protection system. This includes assessment, planning, monitoring and review activities.

CFDM seeks to specifically influence how critical decisions are made through specifying best practice and minimum standards for engaging the child, their family, extended family and community as a group and empowering them to make decisions.

The overall approach of CFDM is to ensure that agreed safety, belonging and wellbeing decisions are developed through an independently convened process that is family and community driven. CFDM processes can therefore be convened or co-convened by Aboriginal and Torres Strait Islander Family Wellbeing Services to support service provision to children and their families.

Referrals

Services are required to make active efforts for engagement with the family in accordance with the *Family Participation Program Guidelines* to encourage participation. Further information on active efforts can be found on pages four to five of The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation.

The department should notify a FPP service when it is commencing engagement with a family, but services will only be engaged with the direct approval of the family.

Families may choose an alternative service provider or individual to support them in Child Safety decision making processes.

Families may seek support from different sources at different points of their engagement with the department.

Outreach

Services must be mobile to respond to families in settings that are comfortable for all family members, at a time that suits the family (i.e., after hours to suit families' employment commitments). Assistance needs to be available across the target area.

Hours of operation

The service must be open 52 weeks per year excluding public holidays.

The service must operate with a degree of flexibility in its operating hours to maximise the possibility of family members being involved in a decision-making process. This requires some work outside normal business hours.

The service will not be expected to operate on public holidays.

Travel

Hours spent by each worker with or on behalf of a family i.e., if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family.

Hours of travel directly attributed to a family (i.e., travelling to and from a visit to a family) is considered work on behalf of a family.

FPP Staffing

Family Participation Program staff working directly with clients must have undertaken training in ATSIFLDM.

It is a mandatory requirement that staff working directly with clients must identify as Aboriginal and/or Torres Strait Islander.

Staff should have experience and/or training in a human services field.

Evaluation

Funded organisations will be required to participate in the program evaluation by providing information and data as required by the department and evaluation partners.

Client engagement

Services will provide to families their unique hyperlink for the families to complete the online Client Engagement Tool (CET) survey. The CET is a de-identified survey that allows families to provide feedback on their experience with the service and Child Safety.

Results will be received directly by the Department to ensure the integrity and confidentiality of the CET is maintained. The CET responses will be used to support a program evaluation.

Reporting

Services are required to complete quarterly performance reporting, including case studies, on the department's online reporting system (Procure to Invest; P2i).

Services will be required to use the ARC case management system to record information about referrals and families they have contact with. This will include recording information required for evaluation purposes.

Sorry Business

Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.

Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs.

Significant community shutdowns caused by Sorry Business affecting service delivery need to be reported to the regional contract manager and these will be considered when assessing overall service performance against contracted annual targets.

Youth Justice Aboriginal and Torres Strait Islander Family-Led Decision Making (FLDM) trials initiative

Four service providers participate in the Youth Justice Aboriginal and Torres Strait Islander Family-Led Decision Making (FLDM) trials. Features include:

Supports a culturally responsive youth justice framework for Aboriginal and Torres Strait Islander peoples founded on core principles:

- wherever possible, a young person's family or kinship group should be the primary sources of decision making about decisions affecting that child, and accordingly that, wherever possible, regard should be had to the views of that family and kinship group
- that young people should be held accountable, and encouraged to accept responsibility for their behaviour
- that young people should be dealt with in ways that acknowledge their needs and that will give them the opportunity to develop in responsible, beneficial and socially acceptable ways
- family-led decision making promotes families' shared history, wisdom, untapped resources, and an unrivalled commitment to their children. It is about empowering families and their support network to think and plan creatively for their children and young people, create community partnerships, and utilise family strengths and resources to resolve worries and concerns
- practical demonstration of self-determination
- a culturally safe place for healing – family, child and community.

Assumptions underpinning decision making processes:

- the community should be protected from offences
- children and young people who offend often have complex welfare needs
- children/young people generally have the best outcomes when they are cared for by and connected to their family and/or significant others
- children/young people and their families have a right to be heard and to participate in making decisions that affect them
- children/young people should have the opportunity to develop a connective relationship of identity, family, culture and community
- families know their own strengths and challenges and are capable of making safe decisions and plans, if properly engaged, prepared and provided with the right information
- decisions made within families are more likely to succeed than those imposed by outsiders
- working in partnership with families and their networks benefits children and young people
- plans and agreements to work must be reviewed at important intervals in the safe care and connection of the young person
- independent facilitation and authority to aid decision making
- application of the five categories of the Aboriginal and Torres Strait Islander Child placement principle (a first for Youth Justice outsourced service delivery).

9. Service modes

Service delivery modes are the type of physical setting in which a service is provided to a client.

9.1 Families service modes

Family Support Services may be provided in various delivery modes (centre-based, mobile, and virtual) to ensure that services are delivered in the most appropriate mode to meet the needs of the client. Facilitating flexible service delivery models can both improve accessibility and reduce travel time and costs. Examples of suitable service delivery models include:

- Centre-based service delivery refers to providing services to families in a central location, such as the service outlet's premises or a community centre.
- Mobile service delivery refers to providing services to in a location convenient for families, such as the home or workplace.
- Virtual service delivery refers to providing services to families either online or over the phone. It is intended to complement, rather than replace face-to-face service delivery.

10. Deliverables and performance measures

The following deliverables and performance measures are funded under the Families funding area. The service agreement will identify the relevant outputs and measures for each service outlet, the quantum to be delivered and the range of measures to be collected and reported.

COUNTING RULES, DESCRIPTORS AND REPORTING EXAMPLES: Supporting information to assist with counting and reporting is available online at Output funding and reporting - Department of Child Safety, Seniors and Disability Services (dcssds.qld.gov.au)

OUTCOME MEASUREMENT: All quantitative reporting on outcome measures can be supplemented with optional qualitative evidence. Qualitative reports can be uploaded to Procure to Invest (P2i) using the IS70 measure.

ARC PERFORMANCE MEASUREMENT: Services utilising the Advice Referral and Case Management (ARC) tool can upload the majority of performance measures using the IS71 measure, populated with ARC P2i report data for the relevant period.

Service Users	Service Types	Outputs
U3050 – At-risk families **U3113 –** Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence **U3310 –** Statutory service users **U3330** – Families experiencing vulnerability **U3333** –Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk **U3340** – Referrers and enquirers **U1214** – Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system	**T310** – Support - Aboriginal and Torres Strait Islander Services **T313** – Support - Aboriginal and Torres Strait Islander Family Wellbeing Services **T314** – Support - Case Management **T317** – Support Services - Community Support **T327** – Support - Intensive Family Support **T331** – Support - Safe Haven **T334** – Support - Secondary Family Support **T336** – Support - Targeted Family Support	**A01.1.06** – Information, advice, individual advocacy, engagement and/or referral **A01.2.02** – Case management **A01.2.08** – Counselling **A02.2.04** – Family participation **A02.5.02** – Development of family/household management skills **A07.1.02** – Integrated Service System Development **A07.1.04** – Volunteer resource development and/or placement **A07.2.02** – Community/community centre-based development, coordination and support

	T339 – Support - Tertiary Family Intervention Service **T347** – Support - Family and Child Connect **T448** – Support - Assessment and Service Connect **T601** – Support - Family Participation Program	**OM4.1.01D** – Case management

The following information relates to information found in items 6.2 and 7.1 in a Service Agreement or 6.2 and 9.1 in a Short Form Service Agreement

U3050 - At-risk families

Relates to item 6.2 & 7.1 or 9.1 of the agreement		**Relates to item 6.2 of the agreement**			**Relates to item 7.1 or 9.1 of the agreement**	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3050	T327	**OM4.1.01D** Case management	N/A	Number of Service Users with cases closed with all or majority of case plan goals achieved	**OM4.1.01D**	Number of Service Users with cases closed with all or majority of case plan goals achieved

U3050	T347	**A07.1.02** Integrated Service System Development	Milestones	N/A	**A07.1.02**	Upload a Milestone Report
U3050	T448 T347[13]	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral	Number of hours	Number of Service Users	**A01.1.06**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period

[13] T347 only has A01.1.06 hours as an allowable output measure.

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3050	T327	A01.2.02TM	Number of hours provided during the reporting period
U3050	T327	IS132	Number of Service Users with cases commenced during the reporting period
U3050	T327 T347 T448	IS133	Number of existing Service Users at the beginning of the reporting period
U3050	T327	IS134	Number of Service Users engaged during the reporting period
U3050	T327 T347 T448	IS145	Number of Service Users who have exited from the service during the reporting period
U3050	T327 T347 T448	IS201	Number of referrals received during the reporting period
U3050	T327	IS245	Number of in-scope Service Users eligible to receive a service who have exited from the service
Service User Code	**Service Type Code**	**Demographic Measure**	
U3050	T327 T347 T448	IS35	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander

U3050	T327 T347 T448	IS39	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3050	T347	OM2.1.01	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3050	T327	OM4.1.01	Number of Service Users with cases closed with all or majority of case plan goals achieved (outcome)
Service User Code	**Service Type Code**	**Other Measure**	
U3050	T347 T327	IS70	Upload a Milestone Report (complete and upload the report as per the template/s provided)
U3050	T327 T347 T448	IS71	Upload Contract Report exported from the Case Management system
U3050	T347	GM01	Number of occasions that information, advice and referral services were provided (not provided elsewhere) to Service Users during the reporting period
U3050	T448	GM16	What significant achievements or factors have impacted on the quality of service delivery during the reporting period

U3113 - Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3113	T331	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3113	T331	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral	Milestones	NA	**A01.1.06**	Upload a Milestone Report
U3113	T331	**A07.2.02** Community/community centre-based development, coordination and support	Milestones	NA	**A07.2.02**	Upload a Milestone Report

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3113	T331	**IS132**	Number of Service Users with cases commenced during the reporting period
U3113	T331	**IS133**	Number of existing Service Users at the beginning of the reporting period
U3113	T331	**IS145**	Number of Service Users who have exited from the service during the reporting period
U3113	T331	**IS201**	Number of referrals received during the reporting period
U3113	T331	**GM07**	Number of Service Users who had case plans closed/finalised as a result of the majority of needs being met during the reporting period
Service User Code	**Service Type Code**	**Demographic Measure**	
U3113	T331	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3113	T331	**IS39**	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3113	T331	**OM2.1.08**	Number of Service Users with improved life skills
Service User Code	**Service Type Code**	**Other Measure**	
U3113	T331	**IS151**	Value of brokerage provided to Service Users during the reporting period
U3113	T331	**GM01**	Number of occasions that information, advice and referral services were provided (not provided elsewhere) to Service Users during the reporting period

U3113	T331	**GM16**	What significant achievements or factors have impacted on the quality of service delivery during the reporting period
U3113	T331	**IS70**	Upload a Milestone Report (complete and upload the report as per the template/s provided)

U3310 - Statutory service users

Relates to item 6.2 & 7.1 or 9.1 of the agreement		**Relates to item 6.2 of the agreement**			**Relates to item 7.1 or 9.1 of the agreement**	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3310	T339	**A01.2.02** Case Management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided
						Number of Service Users who received a service

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3310	T339	**IS132**	Number of Service Users with cases commenced during the reporting period
U3310	T339	**IS133**	Number of existing Service Users
U3310	T339	**IS145**	Number of Service Users who have exited from the service
U3310	T339	**IS201**	Number of referrals received
U3310	T339	**GM07**	Number of Service Users who had cases closed/finalised as a result of the majority of needs being met
Service User Code	**Service Type Code**	**Demographic Measure**	
U3310	T339	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3310	T339	**IS39**	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3310	T339	**OM2.1.01**	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3310	T339	**OM2.1.08**	Number of Service Users with improved life skills
Service User Code	**Service Type Code**	**Other Measure**	
U3310	T339	**IS151**	Value of brokerage expenditure

U3310	T339	**IS204**	Number of cases per case worker (FTE positions)
U3310	T339	**GM01**	Number of occasions information, advice and referral services were provided (not provided elsewhere)
U3310	T339	**GM16**	Significant achievements or factors that have impacted on the quality of service delivery

U3330 – Families experiencing vulnerability

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3330	T334	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
	T336					Number of Service Users who received a service during the reporting period
U3330	T334-MR	**A01.2.02** Case management	Milestones	N/A	**A01.2.02**	Upload a Milestone Report
	T336-MR					
U3330	T334-MR	**A07.2.02** Community/ community centre-based development coordination and support	Milestones	N/A	**A07.2.02**	Upload a Milestone Report
	T336-MR					
U3330	T336	**A01.2.08** Counselling	Number of hours	Number of Service Users	**A01.2.08**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3330	T336	**A02.5.02** Development of family/household management skills	Number of hours	Number of Service Users	**A02.5.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period

U3330	T334 T336	**A07.1.04** Volunteer resource development and/or placement	Milestones	NA	**A07.1.04**	Upload a Milestone Report
U3330	T334 T336	**A07.1.04** Volunteer resource development and/or placement	Number of hours	Number of Service Users	**A07.1.04**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period
U3330	T334 T336	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral for support	Number of hours	Number of Service Users	**A01.1.06**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period
U3330	T334-MR T336-MR	**A07.1.02** Integrated Service System Development	Milestones	N/A	**A07.1.02**	Upload a Milestone Report
U3330	T334 T336	**A07.1.02** Integrated Service System Development	Number of Hours	Number of Service Users	**A07.1.02**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3330	T334 T336	**IS132**	Number of Service Users with cases commenced during the reporting period
U3330	T334 T336	**IS133**	Number of existing Service Users at the beginning of the reporting period
U3330	T334 T336	**IS145**	Number of Service Users who have exited from the service during the reporting period
U3330	T334 T336	**IS201**	Number of referrals received during the reporting period
U3330	T334 T336	**GM07**	Number of Service Users who had cases closed/finalised as a result of the majority of needs being met during the reporting period
Service User Code	**Service Type Code**	**Demographic Measure**	
U3330	T334 T336	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3330	T334 T336	**IS39**	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3330	T334	**OM2.1.08**	Number of Service Users with improved life skills

	T336		
Service User Code	**Service Type Code**	**Other Measure**	
U3330	T334	**GM01**	Number of occasions information, advice and referral services were provided (not provided elsewhere) to Service Users during the reporting period
	T336		
U3330	T334	**GM16**	What significant achievements or factors have impacted on the quality of service delivery during the reporting period
	T336		
U3330	T334	**IS70**	Upload a Milestone Report (complete and upload the report as per the template/s provided)
	T336		

U3333 - Aboriginal or Torres Strait Islander families experiencing vulnerability or at-risk

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3333	T313	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
	T314					Number of Service Users who received a service during the reporting period
U3333	T317	**A07.2.02** Community/community centre-based development coordination and support	Number of hours	Number of Service Users	**A07.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3333	T313	**IS132**	Number of Service Users with cases commenced during the reporting period
U3333	T313	**IS133**	Number of existing Service Users at the beginning of the reporting period
U3333	T313	**IS145**	Number of Service Users who have exited from the service during the reporting period
U3333	T313	**IS201**	Number of referrals received during the reporting period
U3333	T313	**GM07**	Number of Service Users who had case plans closed/finalised as a result of the majority of needs being met during the reporting period
Service User Code	**Service Type Code**	**Demographic Measure**	
U3333	T313	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3333	T313	**IS39**	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3333	T313	**OM2.1.01**	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3333	T313	**OM2.1.08**	Number of Service Users with improved life skills
U3333	T313	**OM2.1.02**	Number of Service Users with improved cultural identity / connectedness

Service User Code	Service Type Code	Other Measure	
U3333	T310	**IS70**	Upload a Milestone Report (complete and upload the report as per the template/s provided)
	T313		
	T314		
U3333	T313	**IS71**	Upload Contract Report exported from the Case Management system

U1214 - Aboriginal or Torres Strait Islander families subject to a notification or involved in the child protection system

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U1214	T601	**A02.2.04** Family participation	N/A	Number of Service Users	**A02.2.04**	Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U1214	T601	**IS132**	Number of Service Users with cases commenced during the reporting period
U1214	T601	**IS133**	Number of existing Service Users at the beginning of the reporting period
U1214	T601	**IS145**	Number of Service Users who have exited from the service during the reporting period
U1214	T601	**IS201**	Number of referrals received during the reporting period
Service User Code	**Service Type Code**	**Demographic Measure**	

U1214	T601	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U1214	T601	**IS39**	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U1214	T601	**OM3.1.01**	Number of Service Users satisfied with the supports provided
U1214	T601	**OM3.1.02**	Number of instances in which family participation support results in lower levels of involvement in the child protection system by the child and family
Service User Code	**Service Type Code**	**Other Measure**	
U1214	T601	**IS70**	Upload a Milestone Report (complete and upload the report as per the template/s provided)
U1214	T601	**IS71**	Upload Contract Report exported from the Case Management system

U3340 - Referrers and enquirers

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3340	T347	**A07.1.02** Integrated Service System Development	Milestones	NA	**A07.1.02**	Upload a Milestone Report

11. Contact information

For further information regarding this investment specification, please contact your regional contract area or for general enquiries, please email the Investment and Commissioning mailbox at: OSED_IC@dcssds.qld.gov.au.

12. Other funding and supporting information

Blue Cards

Child Safety Practice Manual

Human Rights Act 2019

Queensland Human Rights Commission

Human Services Quality Framework (HSQF)

Relevant investment specifications and additional information can be found here:

Investment specifications | Department of Families, Seniors, Disability Services and Child Safety

13. Report Templates

Report – Community/community centre-based development, coordination and support (A07.2.02)

Quarterly output summary report

Quarter from: insert start date to insert end date

Community/centre-based development and support activities / events	**Number of agencies**	**Number of participants**	**Comments**
	(if applicable)	(if applicable)	(e.g.: aim of event, who participated, location, feedback, benefits/outcomes etc.)
(Insert more rows as needed)			

Case Study (optional)

Report – Volunteer resource development and/or placement (A07.1.04)

Quarterly output summary report

Quarter from: insert start date to insert end date

Number of training and development sessions	**Number of volunteers**	**Number of families supported**	**Comments**
(Insert more rows as needed)			

Case Study (optional)

Report – Brokerage expenditure – Safe Haven (T331)

(Organisation name)

Quarter from: insert start date to insert end date

Date	Link to case plan	Type of expenditure	Organisation/Company	Amount
End of quarter			**Total expenditure**	

Number of Service Users supported with brokerage funds this quarter:

Trends and issues:

Other comments:

IS70 Report – Case studies: Indigenous Youth and Family Worker (T314)	
Service outlet:	
Service outlet number:	**Reporting period:**

Please provide a de-identified case study

Provide a brief description of the young person's situation: Please ensure: de-identified data use YP+Age ie: YP14 use Family; Parent/s; Grand Parent/s; Guardian; Carer; Older/younger Sibling/s Youth Justice = YJ; Child Safety = CS; Queensland Police Service = QPS YJ and/or QPS involvement and/or risk behaviours – including family factors that may have caused behaviours	*Information collected from initial referral, previous engagement with the organisation if applicable, from the young person and family* *What has the worker been able to identify that has happened for the YP and family that has impacted and led to the current referral*
What the Indigenous Youth and Family Worker did: i.e. case plan/goals established actions/referral to specialist services engagement with Family/Parent/Guardian engagement with wider family engagement with stakeholders/other support services – internal/external referrals	*How was the assessment carried out, what did family engagement look like? What worked what was a challenge?*
Impact on young person's situation:	*How was the progress reviewed and demonstrated?*

i.e. improved access to other supports that meet their needs improved connection with family/ community/culture improved engagement/participation in education, training and/or employment improved health and wellbeing improved capacity for decision making/self determination	*Identify how positive lifestyle changes and outcomes were identified and acknowledged* *Were there any significant changes in circumstances during engagement, positive and negative, that impacted this?*
How long was the young person involved with the service? When did the young person start with the IFYW service? Has the young person been involved in another service in your organisation – if so what, when and are they still involved?	*Original referral and commencement date/s* *Referral and commencement dates for any other service within the organisation*
Family engagement i.e. how has the family, primary carer, or guardian been engaged? has there been any improvement or changes to family dynamics? what support/s is being provided to the family to re-engage/keep engaged young person?	*How was the progress reviewed and demonstrated?* *Identify how positive lifestyle changes and outcomes were identified and acknowledged* *Were there any significant changes in circumstances during engagement, positive and negative, that impacted this?* *How do the family identify and support the young person?* *What other support services are involved with the family?*

IS70 Report – Case study: Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) (T313)	
Service outlet:	
Service outlet number:	**Reporting period:**

Case study: please provide a de-identified case study

Please indicate if this case study included working with the:	**Indigenous Youth and Family Worker**	**Specialist DFV Worker**
	Yes / No	Yes / No

Provide a brief description of the family and the child/ren's situation

Please ensure de-identified data and information, use terminology (i.e. family, parent/s, grandparent/s, guardian, carers, older/younger sibling/s etc.).

Family and child/ren's engagement with the service

How did your service become engaged with the family and/or children? Have the family and/or child/ren been involved in another service in your organisation? If so, what services and for how long?

What support was provided to the family

How was the assessment carried out? What did family and/or child/ren's engagement look like? For example: case plan/goals established; actions/referral to specialist services and other support services; engagement with wider family and community.

Outcomes for the family and child/ren

What was the most significant change that took place for the child/ren and family during/post their participation in the service?

Family engagement

How long was the family involved with the service? Include original referral and commencement date/s.

What worked, challenges FWS worker/s experienced and how challenges were addressed?

Family satisfaction

Did the family express how they felt about their experience with the service? What were the most important factors that led to this? Please refer to feedback through service provider forms, conversations with the family. De-identified feedback forms can be attached, or information can be copied and pasted into this section.

IS70 Report – Milestone/Case Studies: Specialist Domestic and Family Violence Worker (T310)	
Service outlet:	
Service outlet number:	**Reporting period:**

Measures	**Total number for the reporting period**
Number of hours provided during the reporting period[14]	
Number of Safety Plans prepared during the reporting period[15]	
Number of home visits undertaken during the reporting period[16]	
Other measures	
Community/community centre-based development coordination and support - local network meetings (i.e.: Integrated Service Response (ISR), High Risk Teams (HRT) and Local Level Alliances (LLA) that are specific to your locality)	*Please provide a brief outline of the meetings participated in and anything specific to note that has occurred, i.e., providing cultural advice and support to a mainstream specialist service to better enable engagement and support for Aboriginal and Torres Strait Islander families referred from FWS*

[14] To provide these figures, run the ARC Performance List and filter Table 1 by the worker; all notes can be totalled

[15] Capturing of Safety Plans may need to be counted separately from ARC

[16] Home Visits can be captured in Notes on ARC, and can be ascertained in Table 1 of the ARC Performance List

Trends and issues identified during the reporting period

Case Study Please provide at least one de-identified case study	
Provide a brief description of how domestic and family violence is impacting the family/family members: Please ensure: de-identified details are used basic descriptors are used when referring to a person/s i.e.: Female/Male Victim + Age; Female/Male Perpetrator + Age; Child 1/2/3/4, etc. Male/Female Family Member (may be living in same premises, or has significant role); Child Safety = CS; Queensland Police Service = QPS	

CS or QPS involvement and/or risk is included behaviours are included – including family factors that may have caused behaviours include if required/relevant information was contained in the initial referral or through a home visit? relevant previous engagement is included, if applicable	
What the specialist DFV worker did: Please include information about: assessment undertaken case plan/goals established identified ways to better support the FWS to provide holistic support the family/family members actions undertaken family engagement – what did it look like engagement with wider family engagement/referral to specialist support services – internal/external what worked and what challenges were identified	
Impact on the situation: Please include information about: improved connection with family/ community/culture improved family relationships improved safety, health and wellbeing safety and wellbeing outcomes	

improved capacity for decision making/self determination what support/s is being provided to the family improved access to other supports that meet their needs significant changes in circumstances during engagement (both positive and negative) and how this impacted the situation. other support services involved with the family, if known	

IS70 Case studies: Family Participation Program (T601)	
Service outlet:	
Service outlet number:	**Reporting period:**

Please delete red text before submitting final case study.

Situation

How did the family first come to be involved in the program?

It would be good to include:

de-identified family → use family pronouns (where appropriate): child/ren; Mum; Dad, parent/s; Aunt/s; Uncle/s; Grandparent/s; Guardian; Carer etc.

acronyms can be used e.g., Child Safety = CS; Child Safety Service Centre = CSSC; young person = YP

include CS worries for the family – impacts of parental behaviours on child/ren

include stage of referral, i.e., Notification→ investigation and assessment (IA) etc.

2. Child and family voices are heard

How did your service engage the family and children to ensure their voices were heard?

It would be good to include:

what steps you took to ensure individual/collective voices were captured

if there was engagement with wider family and/or independent person (IP)

if the parents were originally disengaged with CS what strategies did you use to engage them?

3. ATSIFLDM process led to the development of a plan reflecting the wants/needs of the child/ren and family

From your point of view, describe the most significant way the ATSIFLDM process led to improved participation for children and families?

You might want to include:

were the CS worries addressed and the child and family wants/needs captured?

did CS approve the family-designed plan, or did it need more work? (is this necessary, do CS need to approve and/or endorse a family plan)

were the family referred to other services based on their plan?

4. Family satisfaction with the process

Did the family express how their experience with the process was?

In your opinion, what were the most important factors that led to this satisfaction/dissatisfaction?

feedback through service provider forms

conversations with the family

de-identifying feedback forms can be attached, or information can be copied and pasted into this section

5. What was the outcome

In your opinion, what was the most significant change that took place for the child and family post their participation in ATSIFDLM and why was this story significant for you?

You may want to reflect on:

CS's determination of next steps

family perspective of successful outcomes

FPP service perspective of successful outcomes

6. Length of engagement and level of participation

months and/or weeks

level of participation from family

Report – Local Level Alliance (T347) (Version 1)

Location: **Report for the quarter ending:** (e.g., 30 June 2024)

MEETING DATES:

KEY ISSUES AND ACHIEVEMENTS:

Referrals

Include as appropriate:

Strategies implemented or planned which have resulted in effective referral pathways for clients.

Responses to Identified barriers to clients accessing the right service at the right time.

Any factors influencing referral pathways.

Highlight strategies implemented which have resulted in increased referrals and engagement of Aboriginal and Torres Strait Islander and/or culturally and linguistically diverse clients.

Collaboration

Include as appropriate:

Strategies implemented or planned to increase or support case collaboration between services to the benefit of shared clients.

Issues identified as barriers to effective case collaboration in supporting mutual clients.

Service System

Include as appropriate:

Describe what is working well.

Innovated responses and solutions to service system issues.

Identified local requirements for the long-term improvements of the service system in supporting families to keep children safe.

Identified service gaps.

Emerging trends and issues.

Information and data sharing

Include as appropriate:

Systems or processes implemented or planned to facilitate sharing of personal client information between services to support client outcomes.

Strategies to strengthen sharing of service level data between local providers.

Time

Required:

Number of hours spent on Alliance related work by the FaCC service for the quarter.

PRIORITIES

Include as appropriate:

Priorities and key focus areas for the next quarter.
Development of governance structures and terms of reference.
Projects and action plans.

Attachments:

Attachment 1 – List of Local Level Alliance membership

Attachment 2 – List of attendees for each meeting

Attachment 3 – (optional) Case Study – One Family's Story and the service system response (excluding any identifying information)

Report – Qualitative evidence to supplement outcome measure (OPTIONAL)

Please make sure any information provided regarding Service Users is de-identified. Keep word length to 250 words.

Reporting period from: insert start date to insert end date

Outcome measure: insert measure

Supplementary qualitative evidence to outcome measure:

[insert here]

Report – Local Level Alliance (T347) (Version 2)

LOCAL LEVEL ALLIANCE REPORT

[XXX] LLA

QUARTERLY REPORT FOR [dates]:

LLA MEETINGS HELD:

Date	**Number of agencies represented (see details in attachment 2)**	**Significant items**
		Presentation Turn the Curve + establish new Working Group Working Groups

KEY ISSUES, CHALLENGES AND ACHIEVEMENTS:

Focus area (include as appropriate)	**Summary details *+ actions/outcomes where relevant***
Referrals	
Collaboration	
Service System	
Information and Data sharing	

WORKING GROUPS:

Working Group + TTC Goal	Focus	Actions	Outcomes
Youth Action Group			
Child Protection Action Group			
Mental Health Action Group			

MEETINGS ATTENDED BY LLA COORDINATOR:

DATE	**MEETING**	**LLA PARTICIPATION**	**OUTCOME**
	Regional Child, Youth & Families Committee meeting		
	Statewide LLA meeting		
	Other:		

OTHER ACTIVITIES
(service info distribution; Evaluation and Planning; turn the curve; LLA Service Announcements distribution; promotion FACC/LLA)
TIME:
Number of hours spent on Alliance related work by the FaCC service for the quarter

PRIORITIES for next quarter

LLA Presentations:

Date	Agency	How information provided assists in supporting families to care for children/YP

Attachments:

Attachment 1 – List of Local Level Alliance membership

Attachment 2 – List of attendees for each meeting *(over quarter)*

Service Name: ……..

Six-monthly from: insert start date to insert end date

Case Study	Family Members	Comments/outcomes
Case Study 1:		
Case Study 2:		
Case Study 3:		
Case Study 4:		
Case Study 5:		

Case Study 6:		

Report – IS70 Outcomes report (Caboolture Young Mothers for Young Women)

Number of users who have shown improvements in parenting capacity (Case management and group only support)								
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents / families receiving support**	**Indicator /No. of parents/ families receiving case management**	**Indicator/No. of parents/ families accessing group support**
Parents increase their knowledge of, and skills to access, available early childhood, health and specialist services for families and children in the community	Number and % of parents who report that since receiving support knowledge of services, resources and activities in the community for children and families has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed at the end of the reporting period as having attained greater awareness of services, resources and community activities. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support and the number accessing group support only.	No. of parents who are assessed at the end of the reporting period as having attained greater awareness				
	Number and % of parents who report their access to services,		Count the number of parents who are assessed at the end of the reporting period as having attained greater access to services, resources	No. of parents who are assessed at the end of the reporting				

	resources and activities in the community for children and families has improved		and community activities. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only.	period as having attained greater access to services, resources and community activities.				
Children have increased identification and referral to services for possible developmental and social/emotional delays and vision/hearing/other health issues	% no. of children who receive development and social/emotional screening and who are referred for further support as needed % no. of children who are referred for vision/hearing/health screening	Record of ASQ completion Number of follow up referrals made for child/ren	Count the number of children screened for developmental delays, social/emotional issues in the reporting period and count the number of subsequent referrals provided. Express as a percentage of all children identified as needing this type of response using the Ages and Stages Assessment.	**Reporting period indicator**	**No. of children screened for developmental and social/ emotional or vision/ hearing/ health delays**	**% of children screened for developmental and social/ emotional delays**	**% of children screened for vision/hearing/health delays**	**No. of subsequent referrals to support services**
				No. of children screened for developmental delays, social/emotional issues				
Parents increase knowledge and understanding of	% no. of parents who report that since receiving support their knowledge and understanding of	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater knowledge of their child/ren's health and development. Express as a	**Reporting period indicator**	**Total No. of parents/ families**	**Indicator as a % of all parents /families**	**Indicator /No. of parents/ families receiving case**	**Indicator/ No. of parents/ families accessing**

developmental topics including healthy births, children's language and literacy and their child's emerging development and age appropriate development	their child/ren's health and development has improved		percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only		**receiving support**	**receiving support**	**management**	**group support**
				No. of parents who are assessed in the reporting period as having attained greater knowledge of their child/ren's health and development.				
	% no. of parents who report that since receiving support their knowledge and understanding of activities they can do with their child to support development, learning and positive interaction has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child to support development, learning and positive interaction. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child to support development, learning and positive interaction.				

Parents show improved parenting confidence and capacity	% no. of parents who report their happiness and confidence in their roles has improved since receiving support	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as being happier and more confident in their role. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents / families receiving support**	**Indicator / No. of parents/ families receiving case management**	**Indicator/No. of parents/ families accessing group support**
				No. of parents who are assessed in the reporting period as being happier and more confident in their role.				
	% no. of parents who report their knowledge and understanding of activities they can do with their child to support development, learning and positive interaction has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child and that report that positive interaction has improved. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child and that report that positive interaction has improved.				
Families show	% no. of parents who report that	6 monthly assessmen	Count the number of parents who are assessed in the	No. of parents who are				

improved parent-child interaction	since receiving support their relationship and interactions with their child/ren has improved	t tool – to be finalised	reporting period as having more positive interaction with their child/ren. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	assessed in the reporting period as having more positive interaction with their child/ren.					
	% no. of parents who report that since receiving support their knowledge and understanding of positive and nurturing parenting skills and behaviour has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of positive and nurturing parenting skills, and who report that behaviour has improved. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents / families receiving support**	**No. of parents/families who report improvement in behaviour**	**Indicator/ No. of parents/families receiving case management**	**Indicator/No. of parents/ families accessing group support**
				Number of parents who are assessed in the reporting period as having attained greater understanding of positive and					

				nurturing parenting skills, **and** who report that behaviour has improved.					
Parents promote children's healthy development, language and literacy in the home	% no. of parents who report that since receiving support they are reading aloud to their children at home more often	6 monthly assessment tool – to be finalised	Count the number of parents who report in the reporting period that they are reading aloud to their children three or more times a week. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who report in the reporting period that they are reading aloud to their children three or more times a week.	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents / families receiving support**	**Indicator / No. of parents/ families receiving case management**	**Indicator/No. of parents/ families accessing group support**	
Families link with other families and build social connections	% no. of parents who report they have made friendships and received support from other parents like themselves	6 monthly assessment tool – to be finalised	Count the number of parents that report in the reporting period that they had made friendships and received peer support. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents that report in the reporting period that they had made friendships and received peer support.					

(i) Number of users with improved life skills (case management only)						
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator (case management only)**	**Measures**	
Families presenting as homeless are housed	Number and % of families presenting as homeless who access long term, secure and affordable housing	Support plan goal creation and status	Count the number of families who have had an open support plan goal to "access long term, secure and affordable housing" in the reporting period. Of these - report goal status: % and Number still open % and Number closed Reasons for closure (e.g., need met) by % and number	No. of families who have had an open support plan goal to "access long term, secure and affordable housing" Report for those receiving Case management only (i.e., they have a current support plan goal)	No. of families who have had an open support plan goal to "access long term, secure and affordable housing	
					Number still open at end of reporting period	
					Percentage still open at end of reporting period	%
					Number closed at end of reporting period	
					Percentage closed at end of reporting period	%
					Reasons for closure (e.g., need met) by % and number – to be provided by YPP: Reason 1: Reason 2: Reason 3:	
Families at risk of homelessne	% families at risk of homelessness	Support plan goal	Count the number of families who have had an open support plan goal to "sustain	No. of families who have had an open	No. of families who have had an open support plan goal to "sustain their tenancy"	

ss sustain their tenancies	who have sustained their tenancies (> 6 months)	creation and status	their tenancy" in the reporting period. Of these- report goal status: % and Number still open % and Number closed Reasons for closure (e.g., need met) by % and number	support plan goal to "sustain their tenancy" Report for those receiving Case management only (i.e., they have a current support plan goal)	Number still open at end of reporting period	
					Percentage still open at end of reporting period	%
					Number closed at end of reporting period	
					Percentage closed at end of reporting period	%
					Reasons for closure (e.g., need met) by % and number – to be provided by YPP: Reason 1: Reason 2: Reason 3:	
Parents and children impacted by domestic and family violence support receive appropriate support	Supported DFV referrals are made where needed Number and % of parents with a domestic and family violence support need who have their need addressed	Service records Support plan goal creation and status	Count number of referrals made in the reporting period in which DFV is a factor Count the number of parents who had had an open support plan goal in the reporting period to either: Safely exit their housing or to break their lease	No. of referrals made in the reporting period in which DFV is a factor Report for those receiving Case management only (i.e., they have a current support plan goal)	No. of referrals made in the reporting period in which DFV is a factor	
					No. of parents who safely exited their housing	
					No. of parents who broke their lease	
					No. of parents who obtained a domestic violence protection order	
					No. of parents who understand the dynamics of domestic and family violence	

			Obtain a domestic violence protection order Understand the dynamics of domestic and family violence Ensure their children are safe from harm For their known safety risks to be identified and managed Ensure their home is physically safer and more secure to live in Of these - report goal status: % and Number still open % and Number closed Reasons for closure (e.g., need met) by % and number		No. of parents who ensured their children are safe from harm	
					No. of parents who can identify and manager their known safety risks	
					No. who ensured their home is physically safer and more secure to live in	
					% and Number still open % and Number closed Reasons for closure (e.g., need met) by % and number	
Parents presenting with a work, learning or meaningful activity need access or engage in in work, learning or meaningful activity	% parents with a work, learning or meaningful activity support need who have their need addressed	Support plan goal creation and status	Count the number of parents who have had an open support plan goal in the reporting period to either: Complete secondary education Complete an accredited training course Complete a TAFE course Undertake a university degree	No. of parents who have completed education, training or obtained employment during the reporting period	No. of parents who have completed their education during the reporting period	
					No. of parents who have completed a training during the reporting period	
					No. of parents who have obtained employment during the reporting period	
					No of Parents who have: Completed secondary education	

			Get a job Volunteer Maintain current employment Of these - report goal status: % and Number still open % and Number closed Reasons for closure (e.g., need met) by % and number	Report for those receiving Case management only (i.e., they have a current support plan goal)	Completed an accredited training course	
					Completed a TAFE course	
					Undertaken a university degree	
					Obtained employment	
					Taken up volunteering	
					Maintained current employment	
					Of these - report goal status: % and Number still open % and Number closed	
					Reasons for closure (e.g., need met) by % and number	
(ii) Number of users with improved life skills – for pregnant young women						
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator (case management only)**	**Measures**	**Outcomes**
Pregnant young mothers have access to and engage in quality antenatal care	% no. pregnant young mothers receiving support who are regularly attending quality antenatal care	6 monthly assessment tool – to be finalised Hospital partnership data	Count the number of young women who have identified as being pregnant in the reporting period and of those the number who indicate they are accessing antenatal care. Express as a percentage of young mothers accessing	No. of young women who have identified as being pregnant in the reporting period **and** of those the number who indicate they	No. of young women who have identified as being pregnant in the reporting period	
					No. of young women who have identified as being pregnant in the reporting period and have indicated they are accessing antenatal care	

	Reduction in the number of unborn notifications without a plan for the birth.	Support plan goal creation and status 6 monthly assessment tool – to be finalised	support who identify as being pregnant. Count the number of women who have had an open support plan goal to “access antenatal care” in the reporting period. Of these - report goal status: % and Number still open % and Number closed Reasons for closure (e.g. need met) by % and number Count the number of young women who have identified as being pregnant in the reporting period and of those the number who indicate that Child Safety is currently involved with the family and an unborn notification has been made. Express as a percentage of young mothers	are accessing antenatal care. - Any pregnant young woman across ‘case management’ and ‘group support only’	Percentage of young mothers accessing support who identify as being pregnant.	%
				No. of women who have had an open support plan goal to “access antenatal care” in the reporting period	No. of women who have had an open support plan goal to “access antenatal care” in the reporting period.	
					Of the above % and Number still open	
					Of the above % and Number still open	
					Reasons for closure (e.g., need met) by % and number to be provided by YPP: Reason 1: Reason 2: Reason 3:	
				Number of pregnant women who	No. of pregnant women who indicate that Child Safety is currently involved with the family.	

			accessing support who identify as being pregnant.	indicate that Child Safety is currently involved with the family **and** an unborn notification has been made. (Any pregnant young woman across 'case management' and 'group support only')	No. of pregnant women who indicate that an unborn notification has been made.	
					Percentage of young mothers accessing support who identify as being pregnant	
Additional reports						
Community collaboration occurs to support outcomes for young pregnant and parenting women and their families	Number of MOUs developed Number of partnerships established Number of community/service meetings attended	Register of MOUs and partnerships Record of meeting attendance	Count the number of MOUs developed and agreed in the reporting period and with who Count the number of partnerships involved in during the reporting period and with whom Count the number of community and service meetings attended during the reporting period Provide a narrative on achievements and plans resulting from the above	No. of MOUs and partnerships developed and agreed in the reporting period and with whom No. of community and service meetings attended during the reporting period: Achievements	No. of MOUs developed and agreed in the reporting period	
					No. of partnerships developed and agreed in the reporting period	
					No. of community and service meetings attended during the reporting period: Achievements	
					plans resulting from the above	

				plans resulting from the above Team leader to manage To report Quarterly		